

<b>Case Number:</b>	CM13-0043693		
<b>Date Assigned:</b>	06/09/2014	<b>Date of Injury:</b>	12/14/2001
<b>Decision Date:</b>	07/29/2014	<b>UR Denial Date:</b>	09/24/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/24/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Family Practice and is licensed to practice in Texas and Mississippi. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 69-year-old male who reported an injury 12/14/2001. The mechanism of injury was not provided within the medical records. The clinical note dated 11/07/2013 indicated diagnoses of chronic back pain, severe lumbar disc disease, central spinal canal stenosis, postlaminectomy syndrome, nerve root irritations, radicular symptoms in both legs, and spondylosis. The injured worker continued to report severe lower back pain that was constant, rated 8/10, that impacted his activities of daily living. The injured worker reported difficulty walking due to radicular symptoms in the right and left legs. The injured worker reported numbness of both legs, below the knees with restricted range of motion. The injured worker reported he used OxyContin and Norco in order to achieve an acceptable quality of life. On physical examination, the injured worker walked with a cane. Range of motion of the lumbar spine was severely restricted. He had difficulty arising from a seated position. The injured worker had scoliosis and kyphosis. The physician noted the injured worker required the use of medications. The injured worker's prior treatments included diagnostic imaging, surgery, and medication management. The injured worker's medication regimen included OxyContin and Norco. The provider submitted request for Norco and OxyContin. A request for authorization dated 11/25/2013 was submitted for OxyContin and Norco. However, a rationale was not provided for review.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**Norco 7.5/325mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Acetaminophen.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use, On-going Management Page(s): 78.

**Decision rationale:** The California Medical Treatment Utilization Schedule (MTUS) Guidelines recommend the use of opioids for the on-going management of chronic low back pain. The ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. There is a lack of significant evidence of evaluation of risk for aberrant drug use behaviors and side effects. In addition, the request does not indicate a frequency for this medication. Furthermore, this medication is recommended for short term use. The injured worker has been prescribed this medication since, at least, 01/16/2013. This exceeds the guidelines recommendation of short term. Therefore, the request for Norco is not medically necessary and appropriate.

**Oxycontin 80mg #150:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Oxycodone.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use, On-going Management Page(s): 78.

**Decision rationale:** The California Medical Treatment Utilization Schedule (MTUS) Guidelines recommend the use of opioids for the ongoing management of chronic low back pain. The ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. There is lack of significant evidence of evaluation of risk for aberrant drug use behaviors and side effects. In addition, the request does not indicate a frequency for this medication. Furthermore, this medication is indicated for short term use. This medication has been prescribed to the injured worker since, at least, 01/16/2013. This exceeds the guidelines recommendation for short term use. Therefore the request for OxyContin 80 mg is not medically necessary and appropriate.