

Case Number:	CM13-0056519		
Date Assigned:	12/30/2013	Date of Injury:	09/07/2004
Decision Date:	03/27/2014	UR Denial Date:	11/14/2013
Priority:	Standard	Application Received:	11/22/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine and is licensed to practice in California. 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 physician 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:

This is a 59 year old male status post injury 9/7/04 in which he sustained injuries because of repetitive lifting causing back pain. Within the medical information available for review the patient most recently (11/21/13) presented with lower back pain primarily in the lower lumbar spine, radiating to the right buttock, right posterior thigh, right calf and right foot, characterized as constant, sharp, and stabbing, with associated paravertebral muscle spasms, radicular right leg pain and numbness. His pain is rated 10/10 in severity without medication and 6--7/10 with medication. On physical examination he had an antalgic gait, mobilizing with a cane, with sensory deficits in the right L4 and L5 nerve root distributions, bilateral 0/4 patellar reflexes, limited range of motion with left and right lateral bending, and right leg straight leg raise positive with tremor. MRI Lumbar Spine (9/27/13) reports worsening degenerative disc disease at L4-5 with severe spinal canal stenosis secondary to anterolisthesis, focal T12-L1 disc extrusion resulting in mild-to-moderate spinal canal stenosis, Diagnoses include low back pain, lumbar region postlaminectomy syndrome, and radicular syndrome of lower limbs. Treatments have included Oxycontin and Norco, which he finds effective and providing adequate control, conservative modalities and lumbar fusion surgery 10/29/09. He is under the care of a pain management Physician . The disputed issues are 1 prescription of Oxycontin 40mg, #60 and 1 prescription of Norco 10/325mg, #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 40mg, #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 80.

Decision rationale: The Physician Reviewer's decision rationale: Opioids for the Chronic back pain: Appears to be efficacious but limited for short-term pain relief, and long term efficacy is unclear (>16 weeks), but also appears limited. Failure to respond to a time limited course of opioids has led to the suggestion of reassessment and consideration of alternative therapy. There is no evidence to recommend one opioid over another. Records indicated that the patient had been on opioids at least since September 2011 and per records there are no indication that his condition had improved either symptomatically or functionally, the guidelines does not recommend long term use of the opioids for the treatment of the chronic pain, therefore based on the MTUS guidelines the treatment for his condition need to be reassessed and Oxycontin should be wean off.

Norco 10/325mg, #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 80.

Decision rationale: The Physician Reviewer's decision rationale: Regarding the use of the opioids the guidelines state that should be intended for a short term use , use more than 6 months is not indicated. Chronic back pain: Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited. Failure to respond to a time limited course of opioids has led to the suggestion of reassessment and consideration of alternative therapy. Again there is no indication that Norco was effective in the treatment of the patient condition either functionally or with symptoms relief in the last couple months, this suggests that the patient shall seek alternative treatment.