

Case Number:	CM13-0066471		
Date Assigned:	01/03/2014	Date of Injury:	01/10/2007
Decision Date:	04/25/2014	UR Denial Date:	11/22/2013
Priority:	Standard	Application Received:	12/16/2013

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 Physical Medicine and Rehabilitation, 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 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 patient is a 41-year-old male with a 1/10/07 date of injury. Subjective complaints include severe lumbar pain radiating to the bilateral lower extremities, cognitive dysfunction, and difficulty sleeping, and objective findings include tenderness to palpation of the posterior lumbar paraspinals with pain on range of motion, positive straight leg raise, and decreased sensation in the L5-S1 distribution. Current diagnoses are lumbar disc degeneration, bilateral lower extremity radiculitis, and status post lumbar fusion with revision of hardware on 6/18/13, and treatment to date has been Norco and Oxycontin since at least 10/10/12, cognitive behavioral therapy, and physical modalities. In addition, medical reports identify a signed opioid contract.

IMR ISSUES, DECISIONS AND RATIONALES

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

240 NORCO 10/325MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 80-92.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-80.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that Norco may be recommended with documentation that the prescriptions are from a single practitioner

and are taken as directed, that the lowest possible dose is being prescribed, and that there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In addition, the MTUS Chronic Pain Medical Treatment Guidelines identifies that opioids for chronic back pain appear to be efficacious, but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited. Within the medical information available for review, there is documentation of diagnoses of lumbar disc degeneration, bilateral lower extremity radiculitis, and status post lumbar fusion with revision of hardware. However, given documentation of ongoing treatment with Norco since at least 10/10/12, there is no documentation of short-term treatment. In addition, there is no documentation of functional improvement with the use of Norco. Therefore, based on guidelines and a review of the evidence, the request for Norco is not medically necessary.

90 OXYCONTIN 40MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 80-93.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-80,92.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines necessitate documentation of moderate to severe pain when a continuous, around-the-clock analgesic is needed for an extended period of time. In addition, the MTUS Chronic Pain Medical Treatment Guidelines necessitate documentation that the prescriptions are from a single practitioner and are taken as directed, the lowest possible dose is being prescribed, and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Within the medical information available for review, there is documentation of diagnoses of lumbar disc degeneration, bilateral lower extremity radiculitis, and status post lumbar fusion with revision of hardware. However, despite documentation of moderate to severe pain, there is no documentation that a continuous, around-the-clock analgesic is needed for an extended period of time. In addition, despite documentation of ongoing treatment with Oxycontin since at least 10/10/12, there is no documentation of functional improvement with the use of Oxycontin. Therefore, based on guidelines and a review of the evidence, the request for Oxycontin is not medically necessary.

A TRIAL OF INTRATHECAL NARCOTICS: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 52-54.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that a trial of an intrathecal opioid pump may be recommended with documentation of non-malignant pain with a duration of greater than six months; failure of six months of other conservative treatment

modalities; intractable pain secondary to a disease state with objective documentation of pathology in the medical record; further surgical intervention is not indicated; psychological evaluation has been obtained and evaluation states that the pain is not primarily psychological in origin and that benefit would occur with implantation despite any psychiatric comorbidity; and no contraindications to implantation exist such as sepsis or coagulopathy. Within the medical information available for review, there is documentation of diagnoses of lumbar disc degeneration, bilateral lower extremity radiculitis, and status post lumbar fusion with revision of hardware. In addition, there is documentation of non-malignant pain with a duration of greater than six months; failure of six months of other conservative treatment modalities; intractable pain secondary to a disease state with objective documentation of pathology in the medical record; and further surgical intervention is not indicated. However, there is no documentation that a psychological evaluation has been obtained and evaluation states that the pain is not primarily psychological in origin and that benefit would occur with implantation despite any psychiatric comorbidity. Therefore, based on guidelines and a review of the evidence, the request for a trial of intrathecal narcotics is not medically necessary.