

Case Number:	CM14-0000322		
Date Assigned:	01/10/2014	Date of Injury:	08/29/2013
Decision Date:	04/29/2014	UR Denial Date:	12/19/2013
Priority:	Standard	Application Received:	12/30/2013

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 45 year-old female with a reported date of injury on 08/29/2012; the mechanism of injury was a fall. The patient complained of chronic pain to the low back and increased knee pain. The patient had a diagnosis of degenerative lumbar/lumbosacral intervertebral disc disease. The clinical documentation indicates the patient received chiropractic treatment, acupuncture, epidural steroid injections and medications with failure to relieve her pain. The clinical note dated 12/02/2013 indicated the patient was utilizing higher doses of Norco 10/325mg due to pain. The provider indicated the patient was taking up to 15 tablets per day (over the prescribed 10 tablets per day) with continued residual pain. The patient was also prescribed OxyContin 20 mg one tablet twice daily. The current request is for Norco 10/325mg #300 and Oxycontin 20mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 10/325MG #300 DOS 12/2/2013: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medical Treatment Guidelines Chronic pain, On-Going Management Page(s): 78.

Decision rationale: The California MTUS guidelines indicate with patients utilizing opioid medications providers should conduct ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life and the recommend dosing not exceed 120 mg oral morphine equivalents per day. The documentation reviewed indicates the patient is not receiving pain relief with her current medication regimen. Within the provided documentation, the requesting physician did not include an adequate and complete assessment of the patients pain including; current pain, average pain, the least reported pain over the period since the last assessment, intensity of pain after taking the opioid, how long it takes for pain relief, and how long pain relief lasts. There was a lack of documentation of objective functional improvement with the medication. The patient's daily medication intake exceeds the recommended 120mg morphine equivalents per day. Additionally, the frequency at which the medication is to be given was not indicated within the request. The request for Norco 10/325mg #300, DOS 12/2/13 is not medically necessary and appropriate.

OXYCONTIN 20MG #90 DOS 12/2/2013: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medical Treatment Guidelines Chronic pain, Ongoing Management Page(s): 78.

Decision rationale: The California MTUS guidelines indicate with patients utilizing opioid medications providers should conduct ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life and the recommend dosing not exceed 120 mg oral morphine equivalents per day. The documentation reviewed indicates the patient is not receiving pain relief with her current medication regimen. Within the provided documentation the requesting physician did not include an adequate and complete assessment of the patients pain including; current pain, average pain, the least reported pain over the period since the last assessment, intensity of pain after taking the opioid, how long it takes for pain relief, and how long pain relief lasts. There was a lack of documentation of objective functional improvement with the medication. The patient's daily medication intake exceeds the recommended 120mg morphine equivalents per day. The request for Oxycontin 20mg #90, DOS 12/2/2013 is not medically necessary and appropriate.