

Case Number:	CM14-0000432		
Date Assigned:	01/17/2014	Date of Injury:	03/06/1991
Decision Date:	08/22/2014	UR Denial Date:	12/09/2013
Priority:	Standard	Application Received:	01/02/2014

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 Management and is licensed to practice in Tennessee. 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:

This is a 50-year-old male with a 3/6/91 date of injury. The mechanism of injury was not provided in the records reviewed. According to a progress report dated 12/20/13, the patient complained of low back pain radiating to both legs, but it is mainly on his left side. The pain was described as sharp, aching, constant, activity related, and occurring at night. Objective findings: limited to vital signs. Diagnostic impression: post laminectomy syndrome lumbar region. Treatment to date: medication management, activity modification, ESI (epidural steroid injection), surgery. A UR decision dated 1/9/13 denied the request for Lortab and modified the request for Oxycontin from 120 tablets to 90 tablets for weaning purposes. Regarding Lortab, the patient's total daily MED with Oxycontin is 155 which exceeds the guideline recommended upper limit for total daily MED of 120. Therefore, discontinuation of Lortab will bring the daily MED down to 135; as the patient is still provided with opioid medications above the guideline recommended safe dosage, weaning of Lortab is not appropriate. Regarding Oxycontin, combined with Lortab, the total daily MED of the two opioids combined totals 155 which exceeds the guideline recommended upper limit of 120 MED. Tapering of Oxycontin is required to bring the total MED to less than or equal to 120.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE (1) PRESCRIPTION OF LORTAB 10/500MG #60, WITH TWO (2) REFILLS:
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 Page(s): 78-81.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Although it is noted in the reports reviewed that the patient has pain relief with his medications, guidelines require clear and concise documentation for ongoing opioid use. There is no documentation of functional improvement, improved activities of daily living, or aberrant behavior. In addition, there is no documentation of an opioid pain contract, urine drug screen, or CURES monitoring. The most current urine drug screen provided for review is from 10/15/12. Therefore, the request for One (1) Prescription of Lortab 10/500mg #60, with Two (2) Refills was not medically necessary.

ONE (1) PRESCRIPTION OF OXYCONTIN 30MG, #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-81.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Although it is noted in the reports reviewed that the patient has pain relief with his medications, guidelines require clear and concise documentation for ongoing opioid use. There is no documentation of functional improvement, improved activities of daily living, or aberrant behavior. In addition, there is no documentation of an opioid pain contract, urine drug screen, or CURES monitoring. The most current urine drug screen provided for review is from 10/15/12. Therefore, the request for One (1) Prescription of Oxycontin 30mg #120 was not medically necessary.