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| Case Number: | CM14-0001897 | | |
| Date Assigned: | 03/03/2014 | Date of Injury: | 07/30/2009 |
| Decision Date: | 06/30/2014 | UR Denial Date: | 12/06/2013 |
| Priority: | Standard | Application Received: | 01/07/2014 |

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 Physical Medicine & 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 injured worker is a 39-year-old male who reported an injury on 07/30/2009. The injured worker developed chronic low back pain that ultimately resulted in multilevel fusion in 07/2013. The injured worker's chronic pain was managed with multiple medications. The injured worker was monitored for aberrant behavior with urine drug screens. The injured worker was evaluated on 10/17/2013. It was documented that the injured worker had 7/10 low back pain with radicular symptoms. It was noted that the injured worker was able to reduce his medication intake of OxyContin and Norco 10/325 mg. However, the injured worker's daily function was assisted with this medication usage. Physical findings included tenderness to palpation along the lumbar and paralumbar spinous process and paravertebral musculature with limited range of motion secondary to pain. The injured worker's diagnoses included lumbar myoligamentous injury, cervical myoligamentous injury, and status post interbody fusion at the L3-4, L4-5, and L5-S1. The injured worker's treatment plan included continuation of medications to assist with pain control.

IMR ISSUES, DECISIONS AND RATIONALES

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

OXYCONTIN 40MG TABS #90: 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 OPIOIDS ON-GOING MANAGEMENT Page(s): 78.

Decision rationale: The requested OxyContin 40 mg tablets #90 are not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends the ongoing use of opioids be documented by a quantitative assessment of pain relief, managed side effects, evidence that the injured worker is monitored for aberrant behavior, and documentation of functional benefit. The clinical documentation submitted for review does indicate that the injured worker's medications allow him to function and participate in activities of daily living. Additionally, it is noted within the documentation that the patient is monitored for aberrant behavior with urine drug screens. However, the clinical documentation fails to provide an adequate quantitative assessment of pain relief to support the efficacy of this medication. Additionally, the request as it is submitted does not provide a frequency of treatment. In the absence of this information, the appropriateness of the request itself cannot be determined. As such, the requested OxyContin 40 mg tablets #90 are not medically necessary or appropriate.

NORCO 10/325MG TABS #300: 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 OPIOIDS ON-GOING MANAGEMENT Page(s): 78.

Decision rationale: The requested Norco 10/325 mg tablets #300 are not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends the ongoing use of opioids be documented by a quantitative assessment of pain relief, managed side effects, evidence that the injured worker is monitored for aberrant behavior, and documentation of functional benefit. The clinical documentation submitted for review does indicate that the injured worker's medications allow him to function and participate in activities of daily living. Additionally, it is noted within the documentation that the patient is monitored for aberrant behavior with urine drug screens. However, the clinical documentation fails to provide an adequate quantitative assessment of pain relief to support the efficacy of this medication. Additionally, the request as it is submitted does not provide a frequency of treatment. In the absence of this information, the appropriateness of the request itself cannot be determined. As such, the requested Norco 10/325 mg tablets #300 are not medically necessary or appropriate.