

Case Number:	CM14-0009479		
Date Assigned:	02/14/2014	Date of Injury:	03/13/2007
Decision Date:	07/17/2014	UR Denial Date:	01/14/2014
Priority:	Standard	Application Received:	01/24/2014

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 Occupational 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 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 38-year-old female who has submitted a claim for lumbosacral sprain associated with an industrial injury date of 3/13/2007. Medical records from 2010-2013 were reviewed which revealed persistent lumbar pain, foot pain worsened, pain radiated to the feet with numbness and occasionally causes gait problem. There was burning sensation noted in lumbar and thigh area. Physical examination showed spasm and crepitus in the lumbar area. Decreased lordosis was noted. Sensation in legs and feet decreased. Straight leg raise test was positive bilaterally. X-ray of lumbar spine dated 5/8/07 reported mild levoscoliosis. MRI of lumbar spine dated 5/8/07 reported posterior bulge at L4-5 and L5-S1 with annular tears. The treatment to date has included, epidural steroid injection, chiropractic and physical therapy sessions. Medications taken include, Nabumetone, Oxycontin, Norco and Lidoderm patch. Utilization review from 1/14/14 modified the request for Norco and denied the request for Oxycontin 40 mg. Norco was modified to partial certification to initiate downward titration and complete discontinuation of medication. Oxycontin 40 mg was denied because dosage was decreased to 30 mg for titration purposes.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 10/325MG #120: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 2009, 9792.24.2, Opioids Page(s): pages 78-81.

Decision rationale: As stated on page 78 of the California MTUS Chronic Pain Medical Treatment Guidelines, four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potential aberrant (or non-adherent) drug-related behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, the patient was prescribed Norco 10/325 mg on 1/16/2014. A progress report dated 11/4/13 mentioned that patient continues to have low back pain. Foot pain was also worsening which affected her gait. Use of Norco will be beneficial to alleviate pain. In addition, Norco will help to address her gait problem secondary to pain. Medical necessity has been established. Therefore, the request for Norco 10/325MG #120 is medically necessary.

OXYCONTIN 40MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 2009, 9792.24.2 Opioids Page(s): 78-81.

Decision rationale: As stated on page 78 of the California MTUS Chronic Pain Medical Treatment Guidelines, four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potential aberrant (or non-adherent) drug-related behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, patient has been on Oxycontin 40 mg since 2010. However, there is no documentation on the pain relief (in terms of pain scale) and functional improvement (in terms of specific activities of daily living) that the patient can perform attributed to the use of opioids. California MTUS Guidelines require clear and concise documentation for ongoing management. Furthermore, the present request does not specify the amount of medication to dispense. Therefore, the request for Oxycontin 40MG is not medically necessary.