

Case Number:	CM14-0107455		
Date Assigned:	08/01/2014	Date of Injury:	10/27/2010
Decision Date:	10/09/2014	UR Denial Date:	06/16/2014
Priority:	Standard	Application Received:	07/10/2014

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 Internal 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 injured worker is a 55 year old male who had a work related injury on 10/27/10. Most recent medical record sent for review is dated 05/20/14, reveals complaints of pain in the cervical spine and lumbar spine, rates his cervical spine pain as 1/10 with medications and 7/10 without; lumbar spine is at 2/10 with medications and 8/10 without. Neck pain was described as squeezing, radiating down to the upper back; low back pain is achy and sharp was documented. The injure worker has been taking his medications regularly, however, his insurance carrier denied his OxyContin. No recent diagnostic studies since available for review, and no changes to his medical history. Physical examination reveals a well developed, well nourished male in no acute distress, wide based gait, cervical spine exam notes a decrease in normal lordosis, cervical paraspinous muscle spasms extending to the bilateral shoulders, axial head compression is positive, Spurling's sign is positive, facet tenderness at C3 to C7, cervical range of motion is flexion 20, extension 50 degrees, bilateral lateral flexion is 25 degrees, decreased sensation in C5 and C6 dermatomes bilaterally, strength in shoulder abductors and elbow flexors bilaterally is rated 4/5; otherwise 5/5, biceps is 2+ bilaterally. Brachioradialis reflex is 1+ bilaterally, triceps is 2+ bilaterally, lumbar exam notes mild lumbar paraspinous muscle tenderness, no tenderness in the sciatic notch, Lasegue's sign is negative, Kemp's is negative, Bowstring is negative, seated straight leg raising is positive bilaterally, supine straight leg raising is positive bilaterally, decreased sensation along the L5 and S1 dermatomes bilaterally. Diagnoses are cervical disc disease, cervical radiculopathy, lumbar disc disease, lumbar facet syndrome, diabetic neuropathy, left knee internal derangement. Prior utilization review on 06/16/14 was noncertified. Current request is for Lortab 7.5/325 milligrams quantity ninety, Oxycodone 20 milligrams quantity ninety. There is documentation of VAS scores with and without medication.

No urinary drug screens were submitted for review, as well as there is no documentation of functional improvement.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lortab 7.5mg/325mg 1 tablet QD Qty: 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 79-81. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids Page(s): 77.

Decision rationale: As noted in the Chronic Pain Medical Treatment Guidelines, patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is no clear documentation regarding the functional benefits or any substantial functional improvement obtained with the continued use of narcotic medications. There are no documented visual analog scale (VAS) pain scores for this patient with or without medications. In addition, no recent opioid risk assessments regarding possible dependence or diversion were available for review. No urinary drug screens were submitted for review, as well as there is no documentation of functional improvement. As the clinical documentation provided for review does not support an appropriate evaluation for the continued use of narcotics as well as establish the efficacy of narcotics, the medical necessity of this medication cannot be established at this time. Therefore the request is not medically necessary.

Oxycodone 20mg 1 tablet TID Qty: 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 79-81. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids Page(s): 77.

Decision rationale: As noted in the Chronic Pain Medical Treatment Guidelines, patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is no clear documentation regarding the functional benefits or any substantial functional improvement obtained with the continued use of narcotic medications. There are no documented visual analog scale (VAS) pain scores for this patient with or without medications. In addition, no recent opioid risk assessments regarding possible dependence or diversion were available for review. No urinary drug screens were submitted for review, as well as there is no documentation of functional improvement. As the clinical documentation provided for review does not support an appropriate

evaluation for the continued use of narcotics as well as establish the efficacy of narcotics, the medical necessity of this medication cannot be established at this time. Therefore the request is not medically necessary.