

Case Number:	CM14-0010803		
Date Assigned:	03/03/2014	Date of Injury:	04/14/2010
Decision Date:	06/30/2014	UR Denial Date:	01/13/2014
Priority:	Standard	Application Received:	01/27/2014

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 General surgery and is licensed to practice in Texas. 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 injured worker is a 34 year old male who sustained an alleged work injury on 4/14/2010. The mechanism of injury is described as tripping on the floorboard and injuring his neck and low back. Conservative treatment measures were exhausted to include, but not limited to physical therapy, injection and medication therapy and aquatic therapy. Despite these treatments, the pain persisted. Flexion/extension imaging revealed segmental instability at the lumbar spine (L5-S1). There were discogenic degeneration seen at L45 and the injured underwent discography which indicated L34 was normal. He then underwent lumbar fusion at L5-S1 for instability and L45 PRODISC disc replacement surgery in 5/2011. Unfortunately the fusion did not progress as expected and subsequent imaging was consistent with pseudoarthrosis. There has been electrodiagnostic studies (EMG) from 3/22/13 that revealed chronic L5-S1 radiculopathy with no acute radiculopathy noted. The office note from 10/17/13 refers to computed tomography (CT) scan report of 6/18/13 which showed poor bone incorporation in the interbody fusion consistent with pseudoarthrosis (report not available for review). There are office notes from a specialist from dates 8/15/13, 10/17/13 and 12/12/13 available for review. The injured has chronic low back and cervical pain for which the injured has been prescribed 1) Oxycontin 30 MG #102; 2) Norco 10/325 MG #180 with three refills and 3) Oxycontin 30 MG #78. There is a utilization review determination on 1/13/14 which modified the request for Oxycontin #102 tablets to #90, denied Norco 10/325 MG #180 with three refills and denied a second prescription for Oxycontin #78 tablets.

IMR ISSUES, DECISIONS AND RATIONALES

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

OXYCONTIN 30 MG #102: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, WHEN TO CONTINUE OPIOIDS,

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use of Page(s): 74-81.

Decision rationale: The Oxycontin #102 tablets were denied because clinical documentation submitted for review was insufficient. While the clinical documentation submitted for review from the date of service of 8/15/13, 10/17/13 and 12/12/13 indicated the patient was tender; there was no measurable documentation of pain scores or statements as to the efficacy of the current regimen. This medication should not be discontinued abruptly. The claimant has also been prescribed Norco, indicating multiple episodes of breakthrough pain which questions the efficacy of the current Oxycontin as prescribed. But it does support the continued need for opioid therapy. There was one urine drug screen of 12/12/13 which revealed the claimant to have been on the regimen before and had been compliant. While a current risk assessment profile, attempts at weaning tapering, or an updated and signed pain contract as mandated by CA MTUS were not readily available, the modification of Oxycontin from 102 tablets to 90 tablets is not medically necessary. Therefore the Oxycontin 30 mg #102 is medically necessary and appropriate.

NORCO 10/325 MG #180 WITH THREE REFILLS: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, WHEN TO CONTINUE OPIOIDS,

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use of Page(s): 74-81.

Decision rationale: The most recent clinical note available for review is dated 12/12/13. In this note, the treating provider notes that claimant is taking Oxycontin and Norco for his cervical and low back pain. There was one urine drug screen provided from 12/12/13 which supports compliance with the medication regimen. But there was no documentation of pain scores which would substantiate the need for continued opioids as prescribed. There was no documentation of how long claimant has been using the opioids, their efficacy as prescribed, risk assessment profile or signed pain contracts, as recommended per CAMTUS guidelines. However these narcotic medications should not be discontinued abruptly. Therefore, the request for Norco 10/325 mg #180 with three refills is medically necessary and appropriate

OXYCONTIN 30 MG #78: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, WHEN TO CONTINUE OPIOIDS,

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use of Page(s): 74-81.

Decision rationale: The second prescription for Oxycontin #78 was denied because clinical documentation submitted for review was insufficient to support its chronic use. The last appointment for the claimant was 12/18/13. While the clinical documentation submitted for Utilization Review from the date of service of 1/13/14 indicated that the patient was tender, there was no measurable documentation of pain scores or its efficacy, indicating the continued need for opioid therapy as prescribed was efficacious. However these narcotic medications should not be discontinued abruptly. It is not clear how long the claimant has been on this regimen of Oxycontin and Norco 10/325. There was also no documentation of current risk assessment profile, attempts at weaning/tapering, or an updated and signed pain contract as mandated by CA MTUS. A possible weaning scheduled for Oxycontin is recommended consisting of a taper by a slower suggested taper is 10% every 2 to 4 weeks, slowing to a reduction of 5% once a dose of 1/3 of the initial dose is reached. If tapering is not possible then further more comprehensive documentation would be necessary to support the chronic use of Oxycontin per the CAMTUS guidelines. Therefore, the request for Oxycontin 30 Mg #78 is not medically necessary and appropriate.