

Case Number:	CM14-0012495		
Date Assigned:	02/21/2014	Date of Injury:	11/10/2006
Decision Date:	07/02/2014	UR Denial Date:	01/06/2014
Priority:	Standard	Application Received:	01/30/2014

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:

This is a 37-year-old male with a 11/10/06 date of injury. The patient has a diagnosis of failed back syndrome. He was noted to be on Oxycontin until 1/13/13 when MS Contin was started. The patient was seen on 12/2/13 with complaints of low back pain, abdominal pain, and left foot pain. The patient is noted to be status post left foot surgery but no date or type of surgery was identified. He also complained of joint and muscle aches, stiffness, and weakness. The patient states his ADLs (Activities of Daily Living) are decreased secondary to his surgery. The patient reports functional benefit with his medications. His treatment regimen was noted to be Oxycodone IR 30 mg Twice a day, MS Contin 60 mg Twice a day, and Norco.10/325 #150 The patient is noted to be in the process of tapering the oxycodone (he was taking 30 mg 6 tablets daily and in March 2013 as of 12/2/13 was on 30 mg twice a day). Exam findings revealed normal gait, tenderness to the paravertebral muscles on the L spine, normal GI (Gastro Intestinal) exam, and the left foot showed no evidence of swelling or deformity. Treatment to date: TENS (Transcutaneous Electric Nerve Stimulation) unit, left foot surgery and medications. UR decision dated 1/6/14 denied the request given the patient has been on the same dose of MS Contin for a year with no evidence or attempt at tapering. In addition, Oxycodone and Norco have been added to the patient's regimen. The Oxycodone is noted to be in the process of being tapered down; hence the request for that medication was denied. The Norco and MS Contin was denied given there was no evidence or urine drug screens, or benefit with use.

IMR ISSUES, DECISIONS AND RATIONALES

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

OXYCODONE IR 30MG #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opiates
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. This patient's medication is greater than 500, which puts him at high risk for an adverse drug reaction. The patient's opiate use has been tapered down significantly since March 2013, however there is no discussion regarding VAS (Visual Analog Scale) with and without this medication, no description of specific functional gains, no evidence of monitoring in the form of prescription and urine monitoring, and no pain contract. Therefore, the request for Oxycodone IR #60 was not medically necessary.

NORCO 10/325MG #150 X 3 MONTHS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opiates
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. This patient's medication is greater than 500, which puts him at high risk for an adverse drug reaction. The patient's opiate use has been tapered down significantly since March 2013, however there is no discussion regarding VAS (Visual Analog Scale) with and without this medication, no description of specific functional gains, no evidence of monitoring in the form of prescription and urine monitoring, and no pain contract. In addition, the request is for 3 months of medication. The patient should be assessed at least monthly to address his tapering and perform an ongoing assessment with regard to utility of this medication. Therefore, the request for Norco #150 for 3 months was not medically necessary.

MS CONTIN 60MG BID #60 X 3 MONTHS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opiates
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. This patient's medication is greater than 500, which puts him at high risk for an adverse drug reaction. The patient's opiate use has been tapered down significantly since March 2013, however there is no discussion regarding VAS (Visual Analog Scale) with and without this medication, no description of specific functional gains, no evidence of monitoring in the form of prescription and urine monitoring, and no pain contract. In addition, the request is for 3 months of medication. The patient should be assessed at least monthly to address his tapering and perform an ongoing assessment with regard to utility of this medication. Therefore, the request for MS Contin 60 mg quantity of 60 for 3 months was not medically necessary.