

Case Number:	CM14-0014131		
Date Assigned:	02/26/2014	Date of Injury:	05/25/2000
Decision Date:	07/21/2014	UR Denial Date:	01/27/2014
Priority:	Standard	Application Received:	02/04/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 54-year-old male with a 5/25/00 date of injury. The mechanism of injury is not noted. In a progress report dated 1/9/14 he complained of worsening back pain. The frequency of pain is daily. The locations of pain was lower back, arms, neck, thighs, and shoulders. The patient describes the pain as aching, dull, piercing, sharp, shooting, stabbing, throbbing, and numbness. Aggravating factors include bending, coughing, defecation, flexion, lifting, pushing, running, sneezing, twisting, ascending and descending stairs, changing positions, daily activities, descending stairs, extension, and jumping. The patient reported that his pain without medications is 10/10 and 6/10 with medications. Physical exam showed extremity weakness, gait disturbance, numbness in extremities, and active painful range of motion with limiting factors of pain. Diagnostic impression: Chronic pain due to trauma, degeneration of cervical intervertebral disc, degenerative disc disease (lumbar), radiculopathy (thoracic, lumbosacral, cervical), arthropathy. Treatment to date: medication management, activity modification, TENS unit, ESI. A UR decision dated 1/27/14 modified Oxycontin from 120 to 30 tablets for weaning purposes. The claimant noted that his back pain is worsening and his symptoms are relieved by lying down and using pain medications. The pain is rated 10/10 and is reduced to 7/10 with medication use. With medication use, the claimant is able to do simple chores around the house. However, there is no documentation of current UDS, attempt at weaning/tapering, and an updated and signed pain contract between the provider and claimant. In the same UR decision, Norco was certified, with the quantity modified from 240 to 30 for weaning purposes. The patient reports improvement in pain and activities of daily living, however, there is no documentation of current UDS, attempt at weaning/tapering, and an updated and signed pain contract between the provider and claimant.

IMR ISSUES, DECISIONS AND RATIONALES

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

OXYCONTIN 40 MG 1 PO QID #120: Overturned

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

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

Decision rationale: 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. In progress notes provided dated 1/7/13 through 1/9/14, the patient consistently states that his pain is relieved with narcotic analgesics and rest. His pain ranges from 10/10 without medications to 6-7/10 with medications. He states in multiple reports that without medications he stays in bed all day and feels hopeless and helpless about life. There is ongoing documentation that with medications he is able to do simple chores around the house, contact friends, and perform minimal activities outside of the home 2 days a week. A UR decision dated 1/27/14 modified the quantity of Oxycontin from 120 to 30 tablets for the purposes of weaning, stating that there were no documented urine drug screens. However the reports reviewed show evidence of consistent urine drug screens dated 4/4/13, 12/9/13, and 1/9/14, which are consistent with oxycodone use. Therefore, the request for Oxycontin 40 mg 1 by mouth 4 times a day #120 is medically necessary.

NORCO 10/325 MG TAKE 1-2 TABS EVERY 4-6 HOURS PRN UP TO 8D #240: Overturned

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

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

Decision rationale: 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. In progress notes provided dated 1/7/13 through 1/9/14, the patient consistently states that his pain is relieved with narcotic analgesics and rest. His pain ranges from 10/10 without medications to 6-7/10 with medications. The patient reported that he felt hopeless and helpless about life and stayed in bed all day without medications. However with medications he is able to do simple chores around the house, contact friends, and perform minimal activities outside of the home 2 days a week. A UR decision dated 1/27/14 modified the quantity of Norco from 240 to 30 tablets for the purposes of

weaning, stating that there were no documented urine drug screens. However, the reports reviewed show evidence of consistent urine drug screens dated 4/4/13, 12/9/13, and 1/9/14, which are consistent with hydrocodone use. Therefore, the request for Norco 10/325 Mg Take 1-2 Tabs Every 4-6 Hours as needed up to 8d #240 is medically necessary.