

Case Number:	CM14-0015034		
Date Assigned:	02/28/2014	Date of Injury:	03/30/2002
Decision Date:	07/09/2014	UR Denial Date:	01/27/2014
Priority:	Standard	Application Received:	02/06/2014

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 Physical Medicine and Rehabilitation 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:

The injured worker is a 45-year-old male who reported an injury on 03/30/2002. The mechanism of injury was not provided. The diagnoses included cervical and lumbar radiculopathy, as well as bilateral carpal tunnel syndrome. Per the 12/23/2013 clinical note, the injured worker reported radiating neck and low back pain. The injured worker reported a pain level of 8/10 with medications and 10/10 without medications. The injured worker reported limitations with activities of daily living. Cervical spine examination noted tenderness from C4-7 as well as moderately limited range of motion. A random urine drug test was obtained. The current medications included Norco 10/325 mg tablet every 4 hours as needed and OxyContin 20 mg tablet every 8 hours. Per the 02/17/2014 clinical note, the injured worker reported radiating neck pain and bilateral upper extremities pain. The injured worker reported pain rated 6/10 with medications and 8-9/10 without medications. Physical examination findings were unchanged. The injured worker's medication regimen was unchanged. The Request for Authorization form was not present in the medical record.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 10/325 #180 X2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 74-95.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-80.

Decision rationale: The request for Norco 10/325 mg quantity 80 times 2 is not medically necessary. The Chronic Pain Medical Treatment Guidelines state the ongoing management of opioid use should include the ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The medical records provided indicate an ongoing prescription for Norco since at least 11/25/2013. The results of the random urine drug test performed 12/23/2013 were not discussed. There is a lack of documentation regarding significant pain relief or functional improvement to warrant the continued use of Norco. As such, the request is not medically necessary.

OXYCONTIN 20 MG #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 74-95.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-80.

Decision rationale: The request for OxyContin 20 mg #90 is not medically necessary. The Chronic Pain Medical Treatment Guidelines state the ongoing management of opioid use should include the ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The medical records provided indicate an ongoing prescription for OxyContin since at least 11/25/2013. The results of the random urine drug test performed 12/23/2013 were not discussed. There is a lack of documentation regarding significant pain relief or functional improvement to warrant the continued use of OxyContin. As such, the request is not medically necessary.