

Case Number:	CM14-0019502		
Date Assigned:	04/23/2014	Date of Injury:	03/24/2009
Decision Date:	07/03/2014	UR Denial Date:	02/06/2014
Priority:	Standard	Application Received:	02/17/2014

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 Anesthesiologist, has a subspecialty in Pain Management 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 32 year old male injured on 03/24/09 while climbing over an air vent resulting in low back and right lower extremity pain. Current diagnoses include morbid obesity, joint pain of the knee/lower leg, lumbosacral spondylosis, and lumbago. The clinical note dated 02/10/14 indicates the injured worker presented complaining of continued bilateral lower back pain on the right side greater than the left, right knee pain, and right leg pain rated at 8/10. The clinical note indicated the injured worker developed CRPS of the right lower extremity requiring lumbar sympathetic blocks and medication management with Gabapentin. The injured worker receives Naprosyn for capsulitis in the facet joints. The injured worker did develop gastric irritation requiring Omeprazole QD. Cyclobenzaprine QHS was prescribed for muscle spasm in the low back. OxyContin 30mg BID and Norco 10/325mg TID were utilized for chronic pain. The injured worker has undergone physical therapy, medication management, epidural steroid injections, right knee injections, sacroiliac joint steroid injections, radiofrequency ablation, facet joint and lumbar radiofrequency ablation, trigger point injections, and psychological treatment for chronic pain. The clinical note indicates the intent to begin a weaning process following non-certification of opiates and Gabapentin. The injured worker has been advised to obtain proton pump inhibitor and NSAID over the counter.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 10/325MG, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS-SPECIFIC DRUG LIST.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 77.

Decision rationale: As noted on page 77 of 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. The documentation indicated the injured worker continued to report elevated pain scores in the presence of medications indicating a lack of medication efficacy. 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 Norco 10/325MG, #90 cannot be established at this time.

OXYCONTIN 30MG, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS- CRITERIA FOR USE.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 77.

Decision rationale: As noted on page 77 of 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. The documentation indicated the injured worker continued to report elevated pain scores in the presence of medications indicating a lack of medication efficacy. 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 OxyContin 30MG, #60 cannot be established at this time.