

Case Number:	CM14-0182480		
Date Assigned:	11/07/2014	Date of Injury:	07/15/2000
Decision Date:	12/11/2014	UR Denial Date:	10/09/2014
Priority:	Standard	Application Received:	11/04/2014

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 Physical Medicine & Rehabilitation 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:

The injured worker is a 54-year-old male who reported an injury on 07/05/2000. The mechanism of injury was not submitted for review. The injured worker has diagnoses of status post lumbar fusion with subsequent hardware removal, status post spinal cord stimulator implantation, lumbar radiculopathy, and chronic low back pain. Past medical treatments consist of surgery, physical therapy, and medication therapy. Medications include OxyContin 40 mg, Norco 10/325 mg, and Naprosyn 500 mg. On 09/08/2014, a urinalysis was obtained, showing that the injured worker was in compliance with the OxyContin, but not with the Norco. On 07/14/2014, the injured worker complained of low back pain. It was noted that the injured worker rated the pain at a 4/10 to 5/10 on VAS. It was also documented that the pain rate was 10+/10 without medications. The injured worker denied any adverse side effects. Physical examination revealed range of motion limited in flexion at 80 degrees and extension at 5 to 10 degrees. There was diminished pinprick sensation on the anterior right thigh and lateral calf. Atrophy was noted to the right calf. There was a positive straight leg raise bilaterally. The treatment plan is for the injured worker to continue with medication therapy. The rationale and Request for Authorization form were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg 1 tab p.o Q4h max 5/day #150: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids (Norco) Page(s): 78, 98.

Decision rationale: The request for Norco 10/325mg 1 tab p.o Q4h max 5/day #150 is not medically necessary. The submitted documentation lacked the efficacy of the medication, nor was it documented that the medication was helping with any functional deficits. Additionally, the urine drug screen that was obtained on 09/08/2014 showed that the injured worker was not taking the Norco 10/325. Furthermore, the guidelines state that the cumulative dosing of all opioids should not exceed 120 mg oral morphine equivalents per day. The submitted documentation indicated that the injured worker was taking oxycodone 40 mg 1 tablet 3 times a day and Norco 10/325 1 tablet every 4 hours, with a maximum of 5 tablet per day, totaling 170 mg oral morphine equivalent, exceeding the recommended guideline. Given the above, the injured worker is not within the MTUS recommended guideline criteria. As such, the request would not be medically necessary.

Oxycontin 40mg 1 tab p.o TID #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78, 92.

Decision rationale: The request for OxyContin 40mg 1 tab p.o TID #90 is not medically necessary. The submitted documentation lacked efficacy of the medication, nor was it documented that the medication was helping with any functional deficits. A urine drug screen that was obtained on 09/08/2014 showed that the injured worker was compliant with the use of the OxyContin. However, the guidelines state that the cumulative dosing of all opioids should not exceed 120 mg oral morphine equivalents per day. The submitted documentation indicated that the injured worker was taking oxycodone 40 mg 1 tablet 3 times a day and Norco 10/325 1 tablet every 4 hours, with a maximum of 5 tablet per day, totaling 170 mg oral morphine equivalent, exceeding the recommended guideline. Given the above, the injured worker is not within the MTUS recommended guideline criteria. As such, the request would not be medically necessary.