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| Case Number: | CM14-0025842 | | |
| Date Assigned: | 06/13/2014 | Date of Injury: | 06/19/1998 |
| Decision Date: | 08/11/2014 | UR Denial Date: | 02/13/2014 |
| Priority: | Standard | Application Received: | 02/28/2014 |

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 and Washington. 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 46-year-old male who reported an injury on 06/19/1998. The mechanism of injury was that the injured worker was pulling pipes when he strained his low back. Other therapies included anti-inflammatory medications and physical therapy. The injured worker was noted to undergo surgical intervention on 03/20/2000, which involved an L5-S1 discectomy and interbody fusion. The documentation indicated that additionally, the injured worker underwent a left knee arthroscopy. The injured worker's medication history included opiates, muscle relaxants, benzodiazepines, proton pump inhibitors (PPIs) and antidepressants as of 2003. The documentation of 01/30/2014 revealed that the injured worker was having severe back pain and was flexed over in a forward-flexed antalgic posture. The injured worker could not stand up straight. The injured worker indicated that his pain was a 9/10 to 10/10. The documentation indicated that the injured worker was utilizing Norco up to 5 per day and OxyContin 30mg three times a day. The injured worker indicated that the lower narcotic dose caused more pain, but he was trying to work through the lower dose. The injured worker indicated that he could function at least 50% better with the medications versus not taking medications. The diagnoses included status post BAK placement at L5-S1; an L4-5 LDR anterior instrumentation as well as fusion; a postoperative MRI (magnetic resonance imaging) revealing interval changes; a history of bipolar, depression and anxiety disorders; a history of neuropathic pain; and a history of an anterior cervical disc fusion as well as a history of bilateral knee arthroscopies with chronic pain. The treatment plan included an injection of Dilaudid 2mg with Phenergan, a refill of OxyContin 30mg three times a day for pain 90 tablets and Norco 10/325mg one to two tablets every four to six hours as needed for breakthrough pain 150 tablets. The documentation indicated that the injured worker remained under a narcotic contract with the office, and urine drug screens were

appropriate. It was indicated that the injured worker reported at least 50 percent functional improvement with medications versus not taking them at all.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prospective request for one (1) prescription of Norco 10/325mg #150: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, long-term assessment.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain, ongoing management, opioid dosing Page(s): 60, 78, 86.

Decision rationale: The California MTUS Guidelines recommend opiates for the treatment of chronic pain. There should be documentation of objective functional improvement and an objective decrease in pain as well as documentation that the injured worker is being monitored for aberrant drug behaviors and side effects. The cumulative dosing of all opiates should not exceed 120mg of oral morphine equivalents per day. The clinical documentation submitted for review indicated that the injured worker was utilizing, at minimum, three oxycodone per day and one hydrocodone up to five times per day, which would equal a daily morphine equivalent dosage of 185mg, which exceeds the guideline recommendations. The clinical documentation additionally indicated that the injured worker had improvement in function and was being monitored for aberrant drug behaviors through an opiate contract. However, there was a lack of documentation of objective functional improvement and an objective decrease in pain. The clinical documentation submitted for review indicated that the injured worker had utilized the medication since 2003. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for one (1) prescription of Norco 10/325mg #150 is not medically necessary.