

<b>Case Number:</b>	CM14-0037044		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	07/30/2009
<b>Decision Date:</b>	08/13/2014	<b>UR Denial Date:</b>	02/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/27/2014

### 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 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 39-year-old male who reported an injury on 7/30/09. The mechanism of injury was not provided within the medical records. The clinical note dated 2/11/14 indicated diagnoses of lumbar spine herniated nucleus pulposus (HNP) with radiculopathy, mid back strain, rule out disc pathology, cervical spine HNP with radiculopathy, sleep deprivation, stress, anxiety and depression, and post-traumatic headaches. The injured worker reported low back pain that was constant, sharp and stabbing that radiated to the bilateral lower extremities with numbness and tingling with swelling over the ankles and occasional notable weakness. The injured worker also reported mid back pain that was sharp and stabbing knife-like pain that was made worse with lifting and neck pain that was dull, achy that radiated into the upper extremities with numbness, tingling, and weakness. The injured worker reported sleep deprivation due to pain, stress, and anxiety, and depression related to pain and work issues. The injured worker also reported headaches. On physical examination, the injured worker found it difficult to stand from a sitting position, turn on the exam table, and sit up from supine. The injured worker's cervical spine range of motion revealed flexion of 40 degrees, extension of 50 degrees, lateral left and right flexion of 40 degrees, and left and right rotation of 70 degrees, all with moderate pain. There was tenderness and paraspinal spasms at the spinous anterior scalenes and trapezius musculature bilaterally. The injured worker's maximal foraminal and shoulder depression tests were positive bilaterally. The injured worker had tenderness to the osseous structure, soft tissue and trapezius musculature bilaterally. The examination of the lumbar range of motion revealed flexion of 60 degrees, extension of 20 degrees, lateral left and right flexion of 20 degrees, and left and right rotation of 30 degrees all with moderate pain. The injured worker had a positive straight leg raise at 55 degrees on the right and 40 degrees on the left and a positive Fabere-Patrick sign bilaterally and a positive Kemp's test bilaterally. The injured worker's prior

treatments included diagnostic imaging and medication management. The injured worker's medication regimen included OxyContin and Norco.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**OXYCONTIN 40 MG 1-2/DAY:** Upheld

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

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

**Decision rationale:** The California MTUS guidelines recommend the use of opioids for the ongoing management of chronic low back pain. The ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. There is a lack of significant evidence of an objective assessment of the injured worker's pain level, functional status, and evaluation of risk for aberrant drug use behaviors and side effects. In addition, guidelines recommend a dosing of opioids to not exceed 120 mg oral morphine equivalents per day. The injured worker is prescribed Oxycontin and Norco; the cumulative dose is 240 mg a day, which exceeds the guideline recommendation. Furthermore, the request does not indicate a quantity for the medication. Therefore, the request is not medically necessary.

**NORCO 10/325 MG 8 tablet /day:** Upheld

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

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

**Decision rationale:** The California MTUS guidelines recommend the use of opioids for the ongoing management of chronic low back pain. The ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. There is a lack of significant evidence of an objective assessment of the injured worker's pain level, functional status, and evaluation of risk for aberrant drug use behaviors and side effects. In addition, guidelines recommend a dosing of opioids to not exceed 120 mg oral morphine equivalents per day. The injured worker is prescribed Oxycontin and Norco; the cumulative dose is 240 mg a day, which exceeds the guideline recommendation. Furthermore, the request does not indicate a quantity for the medication. Therefore, the request is not medically necessary.