

Case Number:	CM14-0046146		
Date Assigned:	07/02/2014	Date of Injury:	03/29/2007
Decision Date:	08/21/2014	UR Denial Date:	03/14/2014
Priority:	Standard	Application Received:	04/14/2014

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, has a subspecialty in Pain Medicine 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 55-year-old male who reported a heavy lifting injury on 03/29/2007. After his reported injury, he was referred to a chiropractor. He reported that during a chiropractic session he sustained an injury to his right shoulder and neck. On 10/11/2013, his complaints included low back pain radiating to his lower extremities, constant sharp neck pain radiating to both upper extremities, constant right shoulder pain, bilateral wrist and hand pain. His medications included hydrocodone/acetaminophen 10/325 mg, OxyContin 20 mg, Lyrica 75 mg, pantoprazole with no dosage noted, Lidoderm patches, citalopram 40 mg, zolpidem 10 mg, lorazepam with no dosage noted, and metformin 500 mg. His diagnoses included cervical spine sprain/strain, radicular symptoms of the upper extremities, lumbar spine sprain/strain, radicular symptoms to the lower extremities, history of lumbar spine surgery with residual pain, bilateral wrist sprain, right inguinal area and left testicular pain and right shoulder pain. A urine drug screen of 01/07/2014 was consistent with pharmacotherapy of opioids. There was no Request for Authorization or rationale included in this chart.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Ongoing Management, page 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 74-95.

Decision rationale: The California MTUS Guidelines recommend ongoing review of opioid use, including, documentation of pain relief, functional status, appropriate medication use and side effects. It should include current pain, intensity of pain before and after taking the opioid, how long it takes for pain relief, and how long the pain relief lasts. Satisfactory response to treatment may be indicated by decreased pain, increased level of function or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. Opioids should be continued if the injured worker has returned to work or has improved functioning and decreased pain. There are virtually no studies of opioids for treatment of chronic lumbar root pain with resultant neuropathy. For chronic back pain, opioids appear to be efficacious but limited for short-term pain relief. In most cases, analgesic treatment should begin with acetaminophen, aspirin, NSAIDs, antidepressants and/or anticonvulsants. When these drugs do not satisfactorily reduce pain, opioids for moderate to moderately severe pain may be added to but not substituted for the less efficacious drugs. Long-term use may result in immunological or endocrine problems. There is no documentation in the submitted chart to appropriate long-term monitoring, evaluations, including psychosocial assessment, side effects, failed trials of NSAIDs, aspirin, antidepressants, or anticonvulsants, quantified efficacy, or collateral contacts. Additionally, there is no frequency specified in the request. Without the frequency, morphine equivalency dosages cannot be calculated. Therefore, this request for OxyContin 20 mg #60 is not medically necessary.

Norco 10/325 #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Ongoing Management, page 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 74-95.

Decision rationale: The California MTUS Guidelines recommend ongoing review of opioid use, including, documentation of pain relief, functional status, appropriate medication use and side effects. It should include current pain, intensity of pain before and after taking the opioid, how long it takes for pain relief, and how long the pain relief lasts. Satisfactory response to treatment may be indicated by decreased pain, increased level of function or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. Opioids should be continued if the injured worker has returned to work or has improved functioning and decreased pain. There are virtually no studies of opioids for treatment of chronic lumbar root pain with resultant neuropathy. For chronic back pain, opioids appear to be efficacious but limited for short-term pain relief. In most cases, analgesic treatment should begin with acetaminophen, aspirin, NSAIDs, antidepressants and/or anticonvulsants. When these drugs do not satisfactorily reduce pain, opioids for moderate to moderately severe pain may be added to but not substituted for the less efficacious drugs. Long-term use may result in immunological or endocrine problems. There is no documentation in the submitted chart to appropriate longterm monitoring, evaluations, including psychosocial

assessment, side effects, failed trials of NSAIDs, aspirin, antidepressants, or anticonvulsants, quantified efficacy, or collateral contacts. Additionally, there is no frequency specified in the request. Without the frequency, morphine equivalency dosages cannot be calculated. Therefore, this request for Norco 10/325 mg #60 is not medically necessary.