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| Case Number: | CM14-0053053 | | |
| Date Assigned: | 07/07/2014 | Date of Injury: | 09/03/2008 |
| Decision Date: | 08/26/2014 | UR Denial Date: | 03/31/2014 |
| Priority: | Standard | Application Received: | 04/21/2014 |

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. 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 60-year-old male who reported an injury on 09/03/2008. The mechanism of injury was not provided. The injured worker's diagnoses included discogenic lumbar condition with radicular components down the right lower extremity, weight gain, sleep disturbances, hypertension and sexual dysfunction. The injured worker had an examination on 06/13/2014 with complains of persistent low back pain and pain from his abdominal incision from his anterior fusion. He was status post fusion at 2 levels from over a year ago. The examination noted his blood pressure, and that he had tenderness along the lumbar paraspinal muscles. He also had pain along the anterior abdominal incision with scar tissue formation. There a lack of documentation of a physical assessment. The medication list was provided was Norco and OxyContin. The efficacy of those medications was not provided and there was not a VAS pain scale. The recommended plan of treatment is for the prescriptions for his pain medications and possible injections. The rationale was not provided. The Request for Authorization was signed and dated for 06/16/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 10mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines not given Page(s): 79-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80.

Decision rationale: The California MTUS Guidelines recommend for ongoing management of opioids the review of documentation of pain relief, side effects, physical and psychosocial functioning and the occurrence of any potentially aberrant or no adherent drug related behaviors. The California MTUS Guidelines also recommend the use of drug screening for treatment of issues of abuse, addiction, or poor pain control. It is recommended to discontinue opioids if there is no overall improvement in function. For chronic back pain, opioids should be limited to short term pain relief and long term efficacy is unclear for longer than 16 weeks. There is a lack of documentation of significant pain relief. There is a lack of documentation indicating the injured worker has significant objective functional improvement with the medication. There was not any evidence the assessment for side effects was performed. There are no complaints noted. The requesting physician did not provide a urine drug screen to the injured worker compliance with the medication regimen. Additionally, the request does not indicate the frequency at which the medication is prescribed in order to determine the necessity of the medication. The Oxycontin 10mg #60 is not medically necessary.

Norco 10/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines not given Page(s): 79-81. Decision based on Non-MTUS Citation Official Disability Guidelines, pain chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80.

Decision rationale: The California MTUS Guidelines recommend for ongoing management of opioids the review of documentation of pain relief, side effects, physical and psychosocial functioning and the occurrence of any potentially aberrant or no adherent drug related behaviors. The California MTUS Guidelines also recommend the use of drug screening for treatment of issues of abuse, addiction, or poor pain control. It is recommended to discontinue opioids if there is no overall improvement in function. For chronic back pain, opioids should be limited to short term pain relief and long term efficacy is unclear for longer than 16 weeks. There is a lack of documentation of significant pain relief. There is a lack of documentation indicating the injured worker has significant objective functional improvement with the medication. There was not any evidence the assessment for side effects was performed. There are no complaints noted. The requesting physician did not provide a urine drug screen to the injured worker compliance with the medication regimen. Additionally, the request does not indicate the frequency at which the medication is prescribed in order to determine the necessity of the medication. As such, the Norco 10/325mg #120 is not medically necessary.