

Case Number:	CM14-0066843		
Date Assigned:	07/11/2014	Date of Injury:	06/11/1980
Decision Date:	08/29/2014	UR Denial Date:	04/29/2014
Priority:	Standard	Application Received:	05/12/2014

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 Pain Management and Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 68-year-old female with an injury date of 06/11/1980. According to the 03/13/2014 progress report, the patient complains of back pain with pain that radiates down to her lower extremities. "The medications, including OxyContin, Norco, and Elavil, are helpful in maintaining her pain at a reasonable level." Upon examination, the patient has tenderness along the lumbar paraspinal muscles, iliolumbar, and sacroiliac regions. She has an antalgic gait and utilizes a single-point cane in her right hand. The patient diagnoses include the following: 1. History of lumbar disk herniation, status post L4-L5 and L5-S1 laminectomy and discectomy in 1982 and 1980 respectively. 2. Lumbar strain with chronic myofascial low back pain, greater on the left than the right, along with mild occasional left lumbar radiculitis. The request is for the following: 1. Norco 10/325 mg #60. 2. OxyContin 80 mg #180. The utilization review determination being challenged is 04/29/2014. The treatment reports were provided ranging from 09/10/2013 - 05/06/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10 / 325 mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain CRITERIA FOR USE OF OPIOIDS (MTUS pgs 88, 89) Page(s): 60, 61.

Decision rationale: According to the 03/13/2014 progress report, the patient complains of back pain, which radiates down to her lower extremities. The request is for Norco 10/325 mg #60. The patient has been taking Norco as early as the first progress report provided (09/10/2013). She states that medications help her with her daily activities and function. The 11/12/2013 reports states that, She indicates that OxyContin 80 mg 3 times a day, along with Norco twice a day for breakthrough pain are keeping her symptoms under decent control. None of the reports provided a pain scale to show the change Norco had on the patient. MTUS pages 88 and 89 require functioning documentation using a numerical scale, validated instrument at least once every 6 months as well as documentation of the 4As (analgesia, ADLs, adverse side effect, and adverse behavior). Documentation of pain, time it takes for medication to work, duration of pain relief are also required. In this patient, the treater only provides general statements but does not document any specific ADL changes understand whether or not these medications are resulting in significant improvement. No aberrant issues are discussed either. Given the lack of documentation showing benefit from the use of Norco, the patient should be weaned off this medication as stated in the MTUS Guidelines. The request for Norco is not medically necessary.

Oxycontin 80 mg #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain CRITERIA FOR USE OF OPIOIDS (MTUS pgs 88, 89) Page(s): 60, 61.

Decision rationale: According to the 03/13/2014 progress report, the patient complains of back pain with pain radiating down to her lower extremities. The request is for OxyContin 80 mg #180. The 11/12/2013 progress report states that the patient is taking OxyContin 80 mg 3 times a day, along with Norco twice a day for breakthrough pain are keeping her symptoms under decent control. There were no pain scales or ADLs mentioned in any of these reports provided. The patient has been taking OxyContin from the earliest progress report provided which is from 09/10/2013. For chronic opiate use, MTUS Guidelines page 88 and 89 required functioning documentation using a numerical scale, validated instrument (once every 6 months), documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), documentation of current pain, average pain, least pain, time it takes for medication to work, duration of pain relief with medication. There are no discussions regarding any functional improvements specific to the use of OxyContin. The request for Oxycontin is not medically necessary.