

Case Number:	CM14-0068108		
Date Assigned:	07/11/2014	Date of Injury:	08/09/2011
Decision Date:	09/15/2014	UR Denial Date:	04/24/2014
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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 52-year-old female with a 8/9/11 date of injury, and status post L5-S1 microdiscectomy 9/11/13. At the time (4/24/14) of request for authorization for Oxycodone 10mg #90 and Norco 10/325mg #120, there is documentation of subjective (severe left-sided low back pain, buttock pain, and leg pain) and objective (severe limp on the left, unable to stand on the toes and heel on the left, limited lumbar range of motion, 4/5 muscle strength extensor hallucis longus and anterior tibialis, diminished sensation over the dorsomedial and dorsolateral aspects of the left foot, and absent left Achilles reflex) findings. The current diagnoses are status post microdiscectomy at L5-S1 on the left, September 11, 2013; small recurrent disc herniation on the left at L5-S1; possible left greater trochanteric fracture. The treatment to date includes medications (including Norco and oxycodone since at least 10/13). Medical report dated 3/17/14 identifies that the medications help to take the edge off her pain and allow the patient to function better in activities of daily living. In addition, 3/17/14 medical report identifies that analgesia; activities of daily living, adverse effects, and aberrant drug taking behavior were monitored. There is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Oxycodone and Norco use to date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone 10mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-80.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines necessitate documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of opioids. MTUS definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of status post microdiscectomy at L5-S1 on the left, September 11, 2013; small recurrent disc herniation on the left at L5-S1; and possible left greater trochanteric fracture. In addition, there is documentation that the prescriptions are from a single practitioner and are taken as directed; that the lowest possible dose is being prescribed; and that there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. However, given medical records reflecting prescription for Oxycodone since at least 10/13, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Oxycodone use to date. Therefore, based on guidelines and a review of the evidence, the request for Oxycodone 10mg #90 is not medically necessary.

Norco 10/325mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-80.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines necessitate documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of opioids. MTUS definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of status post microdiscectomy at L5-S1 on the left, September 11, 2013; small recurrent disc herniation on the left at L5-S1; and possible left greater trochanteric fracture. In addition, there is documentation that the prescriptions are from a single practitioner

and are taken as directed; that the lowest possible dose is being prescribed; and that there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. However, given medical records reflecting prescription for Norco since at least 10/13, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Norco use to date. Therefore, based on guidelines and a review of the evidence, the request for Norco 10/325mg #120 is not medically necessary.