

Case Number:	CM14-0076665		
Date Assigned:	07/18/2014	Date of Injury:	12/21/2004
Decision Date:	09/16/2014	UR Denial Date:	05/19/2014
Priority:	Standard	Application Received:	05/27/2014

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 Internal 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:

Patient is an injured worker who is status post L4-S1 spine fusion surgery. Date of injury was 12-21-2004. Progress report dated May 6, 2014 was provided [REDACTED]. Subjective complaints were documented. The patient is a 63-year-old woman with complaints of bilateral low back pain radiating to the bilateral buttocks, right anterior thigh, left anterolateral thigh, and left lateral calf. Current medications included Baclofen, Librium, Celexa, Wellbutrin, Levothyroxine, Norco 10/325 mg q4-6 hr prn pain, Atenolol, OxyContin 30 mg bid. Past surgical history included lumbar fusion surgery and right shoulder surgery. Physical examination was documented. There is tenderness upon palpation of the lumbar paraspinal muscles and bilateral sacroiliac joints. Lumbar ranges of motion were restricted by pain in all directions. Lumbar discogenic provocative maneuvers were positive. Bilateral sacroiliac provocative maneuvers, Gaenslen's, Patrick's maneuver, pressure at the sacral sulcus, were positive. Nerve root tension signs were negative bilaterally, except the straight leg raise was positive on the left. Muscle stretch reflexes are 1 and symmetric bilaterally in all limbs. Clonus, Babinski's, and Hoffmann's signs are absent bilaterally. Muscle strength is 5/5 in all limbs. Sensation is reduced in the left L5 dermatome. Heel, toe, and tandem walking were abnormal with reduced balance. Romberg's test was positive. Spinal cord stimulator skin sites are clean, dry, and intact. Diagnoses were L4-S1 fusion with pedicle screws, left L5 radiculopathy, lumbar post-laminectomy syndrome, status post spinal cord stimulator implant, percutaneous spinal cord stimulator trial, old L3 vertebral compression fracture, epidural fibrosis, lumbar myelopathy with worsened balance and positive Romberg, lumbar disc protrusion, lumbar stenosis, lumbar facet joint arthropathy, depression, anxiety. Treatment plan included OxyContin 30 mg BID #60 with 0 refills, Norco 10/325 mg BID prn #60 with 0 refills, and spinal cord stimulator programming. [REDACTED] noted that the patient has severe pain that has failed first-line medications such as NSAIDS, morphine sulfate,

Oxycodone, Hydrocodone. OxyContin provides 60 % improvement of her pain with 60 % improvement of her activities of daily living such as self-care, dressing. Norco provides 40 % improvement of her pain with 40 % improvement of her activities of daily living such as self-care, dressing. She is on an up-to-date pain contract and her previous urine drug screen were consistent with no aberrant behaviors. drug screen was performed 01-14-2014. Utilization review determination date was 05-19-2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

60 Tablets of Norco 10/325mg: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Opioids, specific drug list.

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

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines (Page 89) present the strategy for maintenance for long-term users of opioids. "Do not attempt to lower the dose if it is working." Supplemental doses of breakthrough medication may be required for incidental pain, end-of dose pain, and pain that occurs with predictable situations. The standard increase in dose is 25 to 50% for mild pain and 50 to 100% for severe pain. Medical records document the diagnoses of L4-S1 fusion with pedicle screws, left L5 radiculopathy, lumbar post-laminectomy syndrome, status post spinal cord stimulator implant, percutaneous spinal cord stimulator trial, old L3 vertebral compression fracture, epidural fibrosis, lumbar myelopathy with worsened balance and positive Romberg, lumbar disc protrusion, lumbar stenosis, and lumbar facet joint arthropathy, with abnormalities on physical examination. The medical records document objective evidence of significant pathology. The patient reported benefit from opioid medications with improvement of function and pain management. The patient has a pain contract. The urine drug screen performed on 01-14-2014 was consistent with no aberrant behaviors. Medical records document stable use of opioid medications with regular office visits. Medical records support the maintenance of the Norco 10/325 mg prescription. Therefore, the request is medically necessary.

60 Tablets of Oxycontin 30mg: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use and Opioids, dosing.

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

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines (Page 89) present the strategy for maintenance for long-term users of opioids. "Do not attempt to lower the dose if it is working." Supplemental doses of break-

through medication may be required for incidental pain, end-of dose pain, and pain that occurs with predictable situations. The standard increase in dose is 25 to 50% for mild pain and 50 to 100% for severe pain. Medical records document the diagnoses of L4-S1 fusion with pedicle screws, left L5 radiculopathy, lumbar post-laminectomy syndrome, status post spinal cord stimulator implant, percutaneous spinal cord stimulator trial, old L3 vertebral compression fracture, epidural fibrosis, lumbar myelopathy with worsened balance and positive Romberg, lumbar disc protrusion, lumbar stenosis, and lumbar facet joint arthropathy, with abnormalities on physical examination. The medical records document objective evidence of significant pathology. The patient reported benefit from opioid medications with improvement of function and pain management. The patient has a pain contract. The urine drug screen performed on 01-14-2014 was consistent with no aberrant behaviors. Medical records document stable use of opioid medications with regular office visits. Medical records support the maintenance of the OxyContin 30 mg prescription. Therefore, the request for is medically necessary.