

Case Number:	CM14-0096323		
Date Assigned:	07/25/2014	Date of Injury:	03/22/1994
Decision Date:	08/28/2014	UR Denial Date:	06/06/2014
Priority:	Standard	Application Received:	06/24/2014

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 Nevada. 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 57-year-old male who was reportedly injured on March 22, 1994. The mechanism of injury was not listed in the records submitted for review. The most recent progress note, dated July 24, 2014, indicated that there were ongoing complaints of low back pain radiating to the left lower extremity, with numbness in the left foot. The physical examination demonstrated ambulation with the assistance of a cane. There were decreased lumbar spine range of motion and a positive left sided straight leg raise test at 40. There was decreased sensation to light touch at the left lower extremity. Diagnostic imaging studies of the lumbar spine showed degenerative disc disease at L3-L4, L4-L5, and L5-S1. Prescriptions were written for Norco and OxyContin. A referral to a psychologist was recommended. Previous treatment has included epidural steroid injections, ice, heat, medications. A request was made for Norco and OxyContin and was not certified in the pre-authorization process on June 5, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-78.

Decision rationale: Norco (Hydrocodone/Acetaminophen) is a short-acting opioid combined with acetaminophen. California's Medical Treatment Utilization Schedule supports short-acting opiates for the short-term management of moderate to severe breakthrough pain. Management of opiate medications should include the lowest possible dose to improve pain and function, as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The injured employee has chronic pain; however, there was no clinical documentation of improvement in pain or function as a result of the use of Norco. As such, this request for Norco is not medically necessary.

Oxycontin 40mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74, 78, and 93.

Decision rationale: The California MTUS Guidelines support long-acting opiates in the management of chronic pain when continuous, around-the-clock analgesia is needed for an extended period of time. Management of opiate medications should include the lowest possible dose to improve pain and function, as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The injured employee was stated to have chronic pain; however, there was no documentation of improvement in either pain level or function with the use of Oxycontin. In the absence of subjective or objective clinical data, this request for OxyContin is not medically necessary.