MAXIMUS Federal Services

Case Number:	CM14-0188853		
Date Assigned:	11/19/2014	Date of Injury:	05/06/2008
Decision Date:	01/07/2015	UR Denial Date:	11/03/2014
Priority:	Standard	Application Received:	11/12/2014

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 Family 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:

This is a 29 year old male patient who sustained a work related injury on 5/6/2008 to his back. The patient sustained the injury when he was lifting a heavy trash and as he was dislodging a bag, he twisted his back and had an acute onset of severe back pain. The current diagnoses include lumbar sprain, lumbosacral neuritis, lumbar disc displacement, lumbar spinal stenosis without claudication, postsurgical state, disorder of meninges, sprain of knee/leg, and malfunction of orthopedic device, medial meniscus tear and internal derangement knee. Per the doctor's note dated 7/17/14, the patient has complaints of severe back and leg pain, weakness in his left leg progressively worsening and he was using a cane for the last three months. Per the doctor's note dated 11/14/14, the patient had complaints of low back pain at 8/10. Physical examination revealed ambulation with a cane, limited range of motion, 4/5 strength, tenderness on palpation and antalgic gait, diminished sensation and normal reflexes. The current medication list includes Hydroxyzine, Axid, Senokot-S, Lactulose, Orudis, Neurontin, Effexor XR, OxyContin, and Norco. The patient has had MRI of the lumbar spine that revealed a large disc rupture at L5-S 1; and EMG/NCV of lower extremities on 10/28/10 that was normal. The patient's surgical history includes two surgeries on his back in October 2010 and November 2011; and L5-S1 fusion and prior laminectomy. He has had a urine drug toxicology report on 6/24/14 that was consistent for opioids. The patient has received an unspecified number of the physical therapy (PT) visits for this injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 40mg # 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use Page(s): 76-80.

Decision rationale: Norco 10/325 is an opioid analgesic. According to CA MTUS guidelines cited below, "A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." The records provided do not specify that patient has set goals regarding the use of opioid analgesic. A treatment failure with non-opioid analgesics is not specified in the records provided. Other criteria for ongoing management of opioids are: "The lowest possible dose should be prescribed to improve pain and function as well as continuing review of the overall situation with regard to non-opioid means of pain control. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs." The records provided do not provide a documentation of response in regards to pain control and functional improvement to opioid analgesic for this patient. The continued review of the overall situation with regard to non-opioid means of pain control is not documented in the records provided. As recommended by MTUS a documentation of pain relief, functional status, appropriate medication use, and side effects should be maintained for ongoing management of opioid analgesic, these are not specified in the records provided. Therefore, based on the guidelines and the medical evidence, this request is not medically necessary.