

Case Number:	CM14-0189971		
Date Assigned:	11/21/2014	Date of Injury:	06/20/1996
Decision Date:	01/15/2015	UR Denial Date:	10/17/2014
Priority:	Standard	Application Received:	11/13/2014

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 Florida. 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 62-year-old male with a date of injury of 6/20/1996. The mechanism of injury is not discussed. This patient has a diagnosis of chronic low back pain. His other diagnoses include: Lumbar radiculopathy, chronic pain related insomnia, myofascial pain syndrome, bilateral lower extremity paresthesias, psoriasis, and neuropathic pain. He has been treated with medications that include chronic narcotics. He has passed urine drug screens appropriately and there has been no documented evidence of aberrant behavior. A utilization review physician did not certify a request for this patient to continue Oxycontin and Norco. Weaning was recommended. Therefore, an independent medical review was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 40mg, #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Discontinue Opioids, When to Continue, Opioids for Chronic. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Opioids, Differentiation Dependence & Addiction

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 110-115.

Decision rationale: In accordance with California MTUS guidelines, narcotics for chronic pain management should be continued if "(a) if the patient has returned to work, (b) if the patient has improved functioning and pain." MTUS guidelines also recommend that narcotic medications only be prescribed for chronic pain when there is evidence of a pain management contract being upheld with proof of frequent urine drug screens. It is also recommend that dosing not exceed 120 mg oral morphine equivalents per day, and for patients taking more than one opioid, the morphine equivalent doses of the different opioids must be added together to determine the cumulative dose. Regarding this patient's case, there is not adequate documentation of objective functional improvement with this chronic narcotic medication. Also, the requested dose exceeds the recommended 120mg of oral morphine equivalents per day when you combine the requested Oxycontin and Norco prescriptions. Therefore, this request for Oxycontin is not considered medically necessary.

Norco 10/325mg, #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Discontinue Opioids, When to Continue, Opioids for Chronic. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Opioids, Differentiation Dependence & Addiction

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 110-115.

Decision rationale: In accordance with California MTUS guidelines, narcotics for chronic pain management should be continued if "(a) if the patient has returned to work, (b) if the patient has improved functioning and pain." MTUS guidelines also recommend that narcotic medications only be prescribed for chronic pain when there is evidence of a pain management contract being upheld with proof of frequent urine drug screens. It is also recommend that dosing not exceed 120 mg oral morphine equivalents per day, and for patients taking more than one opioid, the morphine equivalent doses of the different opioids must be added together to determine the cumulative dose. Regarding this patient's case, there is not adequate documentation of objective functional improvement with this chronic narcotic medication. Therefore, this request for Norco is not considered medically necessary.