

Case Number:	CM14-0198768		
Date Assigned:	12/10/2014	Date of Injury:	05/22/1997
Decision Date:	01/21/2015	UR Denial Date:	11/24/2014
Priority:	Standard	Application Received:	11/26/2014

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:

This is a 55 year old female with a work injury dated May 22, 1997. The mechanism of injury was documented as a lifting injury. The injured worker (IW) underwent a fusion of lumbar 5 - sacral 1 in 1998 without relief from pain. Other treatment consisted of physical therapy, injections and pain management class which was not helpful. The IW had a trial of decreased pain medications however she was doing much better with the restoration of her medications to her normal level. At the time of this visit (11/07/2014) she rated her pain as 7.5/10. The pain was described as constant and sharp bilateral low back pain extending into the bilateral buttocks, left leg and toes. The IW noted it was worsened by standing, walking and lifting and was somewhat relieved by pain medications and sitting in the recliner. She stated it was 80% better with medication. In regards to activities of daily living, the IW continued to care for her mother. With a trial of dose decreases in May 2014 she had decreased function and required help. Before the trial decrease, she rested in the recliner for 3-4 hours scattered through the day. With the recent trial of a decrease in medication she spent approximately 7 hours in the recliner and required the use of a walker which had been stored away for the past 15 years. Documentation by the provider notes the IW rarely takes over 4 Norco per day. Last urine drug screen was ordered on 5/23/2014 and was "appropriate taking into account the Soma once a day and Valium twice at night". Physical exam noted tenderness diffusely in the back and in the bilateral adductors with left > right. The IW was ambulating with a cane. Diagnosis included: - Post laminectomy lumbar (L5, S1) fusion- Lumbar or Thoracic Radiculopathy- Myofascial pain syndrome On 11/17/2014, the provider requested Norco 10/325 # 150 fill 12/16/2014 and OxyContin 40 mg # 90 fill 12/16/2014. On 11/24/2014 utilization review issued a decision denying the Norco 10/325 #150 and OxyContin 40 mg #90 (fill dates of 12/16/2014) stating guidelines require ongoing review of documentation. Future requests are not supported without continued documentation and

therefore the request for opioids with instructions not to fill until 12/16/2014 would not be supported as the provider is required to submit continued documentation of benefit. Guidelines cited were California Medical Treatment Utilization Schedule. The decision was appealed to Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #150 fill 12/16/14: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Opiates

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Norco 10/325 mg #150 for December 16, 2014 is not medically necessary. Chronic, ongoing opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany chronic opiate use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The lowest possible dose should be prescribed to improve pain and function. In this case, the injured worker's working diagnoses are post laminectomy syndrome lumbar; lumbar or thoracic radiculopathy; and myofascial pain syndrome. A progress note dated May 23, 2014 indicates the injured worker takes Norco 10/325 mg one tablet four times per day. This would infer #120 tablets per month. The treating physician, however, prescribes #150 tablets per month. The quantity prescribed exceeds the amount taken on a daily basis times 30 days. Additionally, the documentation does not contain any evidence of objective functional improvement throughout the medical record. There were no detailed pain assessments in the record. There was an attempt to taper which was unsuccessful, however, the documentation or lack of documentation does not support the ongoing use of Norco 10/325#150. Also, the injured worker takes Oxycontin 40mg (another opiate) concurrently with the Norco. Consequently, absent the appropriate clinical documentation with evidence of objective functional improvement, Norco 10/325 mg #150 for December 16, 2014 is not medically necessary.

Oxycontin 40mg #90 fill 12/16/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Opiates

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, OxyContin 40 mg #90 for December 16, 2014 is not medically necessary. Chronic, ongoing opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany chronic opiate use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The lowest possible dose should be prescribed to improve pain and function. In this case, the injured worker's working diagnoses are post laminectomy syndrome lumbar; lumbar or thoracic radiculopathy; and myofascial pain syndrome. A progress note dated May 23, 2014 indicates the treating physician reduced the OxyContin dose to 30 mg, however, symptoms worsened and the treating physician increase the dose back to OxyContin 40 mg three times a day. The documentation does not contain any evidence of objective functional improvement throughout the medical record. There were no detailed pain assessments in the record. There was an attempt to taper which was unsuccessful, however, the documentation or lack of documentation does not support the ongoing use of OxyContin 40 mg #90. Also, the injured worker takes Norco (another opiate) concurrently with the Oxycontin. Consequently, absent the appropriate clinical documentation with evidence of objective functional improvement, OxyContin 40 mg #90 for December 16, 2014 is not medically necessary.