

Case Number:	CM14-0212728		
Date Assigned:	12/30/2014	Date of Injury:	02/19/2010
Decision Date:	12/03/2015	UR Denial Date:	12/15/2014
Priority:	Standard	Application Received:	12/18/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 50-year-old female, who sustained an industrial injury on February 19, 2010, incurring low back injuries. She was diagnosed with lumbar disc degeneration disease. Treatment included diagnostic imaging, physical therapy, and home exercise program, pain medications, muscle relaxants, sleep aides, and issued temporary totally disability. She underwent a lumbosacral spinal fusion. Currently the injured worker complained of persistent low back pain radiating into the hips rated 9 out of 10 on a pain scale from 0 to 10. She noted difficulty performing activities of daily living including sitting, standing and walking. She noted ongoing neck pain rated 9 out of 10. She was diagnosed with residual lumbar paresthesia bilaterally. The treatment plan that was requested for authorization included prescriptions for Oxycontin 10 mg one tablet twice a day and Norco 10-325 mg four times a day. On December 15, 2014, a request for prescriptions for Oxycontin and Norco was non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

2 OxyContin 10mg one tab P.O. twice a day: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Weaning of Medications, Opioids for chronic pain.

Decision rationale: The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. In this case, there is a lack of objective evidence of significant pain relief or functional improvement with the prior use of this medication. Additionally, there is no quantity information included with this request. It is not recommended to discontinue opioid treatment abruptly, as weaning of medications is necessary to avoid withdrawal symptoms when opioids have been used chronically. This request however is not for a weaning treatment, but to continue treatment. The request for 2 OxyContin 10mg one tab P.O. twice a day is not medically necessary.

Norco 10/325mg one tab P.O. 4x a day: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Weaning of Medications, Opioids for chronic pain.

Decision rationale: The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. In this case, there is a lack of objective evidence of significant pain relief or functional improvement with the prior use of this medication. Additionally, there is no quantity information included with this request. It is not recommended to discontinue opioid treatment abruptly, as weaning of medications is necessary to avoid withdrawal symptoms when opioids have been used chronically. This request however is not for a weaning treatment, but to continue treatment. The request for Norco 10/325mg one tab P.O. 4x a day is not medically necessary.