

Case Number:	CM15-0009264		
Date Assigned:	01/27/2015	Date of Injury:	10/18/2002
Decision Date:	03/20/2015	UR Denial Date:	01/12/2015
Priority:	Standard	Application Received:	01/15/2015

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: Physical Medicine & Rehabilitation

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 48 year old female, who sustained an industrial injury on 10/18/2002. She has reported low back pain. The diagnoses have included lumbar sprain/strain; lumbar neuritis; and left knee degenerative arthritis status post meniscectomy. Treatment to date has included medications and surgical intervention. Medications have included Norco, Oxycontin, Gabapentin, and Mobic. A progress note from the treating physician, dated 12/31/2014, documented a follow-up visit with the injured worker. The injured worker reported pain in the left sided lower back; and left knee pain has increased over the last month. Objective findings included tenderness to palpation over the iliolumbar ligament, sacroiliac joint, and sciatic notch; left knee tender over patella inferomedially and over the medial joint line; and decreased range of motion of the left knee. The treatment plan has included continuation of medications: Norco, Oxycontin, Mobic, Gabapentin, Elavil; refer patient to follow-up with orthopedist; and follow-up evaluation in four weeks. On 01/12/2015 Utilization Review modified a prescription for Norco 10/325 mg Quantity: 180 to Norco 10/325 mg Quantity: 150. The CA MTUS Chronic Pain Medical Treatment Guidelines, and ACOEM, Occupational Medical Practice Guidelines were cited. Utilization Review modified a prescription for Oxycontin CR 80 mg Quantity: 60 to Approve x 1 month Oxycontin CR 80 mg Quantity: 60. The CA MTUS Chronic Pain Medical Treatment Guidelines, and ACOEM, Occupational Medical Practice Guidelines were cited. On 01/13/2015, the injured worker submitted an application for IMR for review of a prescription for Norco 10/325 mg Quantity: 180; and a prescription for Oxycontin CR 80 mg Quantity: 60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg Quantity: 180: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-49, 115, Chronic Pain Treatment Guidelines Criteria For Use of Opioids Page(s): 78, 80-82, 86-87.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 90.

Decision rationale: The patient presents with left sided lower back pain, rated 6-7/10, left leg radicular pain referring down the posterior leg to the level of the knee, rated 6-7/10 and left knee pain, rated 4-7/10. The request is for NORCO 10/325 MG QTY: 180. Patient is status post left knee arthroscopy, date unspecified, and three times back surgery, dates unspecified. Physical examination to the left knee on 10/02/14 revealed tenderness to palpation about the medial joint line, mildly tender about the medial collateral ligament and the inferomedial aspect of the patella. Physical examination to the iliolumbar region revealed tenderness to palpation to the left sacroiliac joint. Straight leg raise test was positive on the left. Per 10/02/14 progress report, patient's diagnosis include lumbar spine sprain/strain, lumbar neuritis and left knee degenerative arthritis s/p meniscectomy. Patient has had several courses of physical therapy, has received cortisone shots to her knee as well as Synvisc shots to her knee, 2 series of epidural steroid injections to her lower back which failed and has been to pain management in the past. Per 10/02/14 progress report, patient's medications include Norco, Oxycontin CR, Mobic, Gabapentin and Elavil. Patient has been prescribed Norco from 05/05/14 and 12/31/14. Patient is to remain off-work permanently. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS p90 states, "Hydrocodone has a recommended maximum dose of 60mg/24hrs." In this case, treater has not discussed examples of specific ADL's nor provided functional measures demonstrating significant improvement due to Norco. Per 12/31/14 progress report, Urine Drug Screen (UDS) results showed "positive results for opiates/Oxycodone," however no discussions regarding aberrant behavior were provided. No opioid pain contract, or CURES reports, either. MTUS requires appropriate discussion of the 4A's. Given the lack of documentation as required by guidelines, the request IS NOT medically necessary.

OxyContin CR 80mg Quantity: 60: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-49, 115, Chronic Pain Treatment Guidelines Criteria For Use of Opioids Page(s): 78, 80-82, 86-87.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

Decision rationale: The patient presents with left sided lower back pain, rated 6-7/10, left leg radicular pain referring down the posterior leg to the level of the knee, rated 6-7/10 and left knee pain, rated 4-7/10. The request is for NORCO 10/325 MG QTY: 180. Patient is status post left knee arthroscopy, date unspecified, and three times back surgery, dates unspecified. Physical examination to the left knee on 10/02/14 revealed tenderness to palpation about the medial joint line, mildly tender about the medial collateral ligament and the inferomedial aspect of the patella. Physical examination to the iliolumbar region revealed tenderness to palpation to the left sacroiliac joint. Stright leg raise test was positive on the left. Per 10/02/14 progress report, patient's diagnosis include lumbar spine sprain/strain, lumbar neuritis and left knee degenerative arthritis s/p meniscectomy. Patient has had several courses of physical therapy, has received cortisone shots to her knee as well as Synvisc shots to her knee, 2 series of epidural steroid injections to her lower back which failed and has been to pain management in the past. Per 10/02/14 progress report, patient's medications include Norco, Oxycontin CR, Mobic, Gabapentin and Elavil. Patient has been prescribed Oxycodone CR from 05/05/14 and 12/31/14. Patient is to remain off-work permanently. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. Treater has not provided reason for the request. In this case, treater has not appropriately addressed the 4A's as required by MTUS. Treater has not stated how Oxycodone decreases pain and significantly improves patient's activities of daily living. There are no discussions regarding adverse side effects, aberrant behavior, specific ADL's, etc. No UDS, CURES or opioid pain contracts were provided. No discussions of change in work status or return to work were provided, either. Given the lack of documentation as required by MTUS, continued use of this medication cannot be warranted. Therefore, the request IS NOT medically necessary.