

Case Number:	CM15-0009769		
Date Assigned:	01/27/2015	Date of Injury:	10/07/2004
Decision Date:	03/20/2015	UR Denial Date:	12/19/2014
Priority:	Standard	Application Received:	01/16/2015

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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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 56 year old female, who sustained an industrial injury on 10/7/2004. She has reported back, knee and head injuries after a fall at work. The diagnoses have included pain in joint lower leg, long term use of medications, and disorder of sacrum. She was status post right knee arthroplasty 4/30/08. Treatment to date has included medications, physical therapy, diagnostics, injections and surgery. Currently, the injured worker complains of chronic neck shoulder and back pain. The pain is persistent and worsens with activity. She reports 30-40 percent reduction in pain with use of oxycontin and Norco. She states that she is able to perform activities of daily living (ADL's) with less pain and spasm with use of medications. Physical exam revealed tenderness to palpation at the lumbosacral junction, range of motion decreased bilaterally, sensations were decreased to light touch right lower extremity compared to the left, and motor strength was 4/5 right lower extremity compared to the left. She has had epidural injection in the past with relief and the medications also relieve her pain. She continues with Home Exercise Program (HEP). Work status is permanent and stationary. On 12/19/14 Utilization Review non-certified a request for Norco 10/325 mg #90, noting the injured worker is currently on oxycontin and is being weaned off opioids due to signs of abusive drug behavior. The (MTUS) Medical Treatment Utilization Schedule guidelines were cited. On 12/19/14 Utilization Review modified a request for Oxycontin 80 mg #90 modified to a certification of 1 prescription of Oxycontin 80 mg #30, noting the continuation is recommended for weaning purposes. The (MTUS) Medical Treatment Utilization Schedule guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg #90: 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): 76-85, 88-89.

Decision rationale: This 56 year old female has complained of neck pain, low back pain and right knee pain since date of injury 10/7/2004. She has been treated with right knee surgery, steroid injection, physical therapy and medications to include opioids since at least 08/2013. The current request is for Norco. No treating physician reports adequately assess the patient with respect to function, specific benefit, return to work, signs of abuse or treatment alternatives other than opioids. There is no evidence that the treating physician is prescribing opioids according to the MTUS section cited above which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opiod contract and documentation of failure of prior non-opiod therapy. On the basis of this lack of documentation and failure to adhere to the MTUS guidelines, Norco 10/325 is not indicated as medically necessary.

Oxycontin 80 mg #90: 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): 76-85, 88-89.

Decision rationale: This 56 year old female has complained of neck pain, low back pain and right knee pain since date of injury 10/7/2004. She has been treated with right knee surgery, steroid injection, physical therapy and medications to include opioids since at least 08/2013. The current request is for Oxycontin. No treating physician reports adequately assess the patient with respect to function, specific benefit, return to work, signs of abuse or treatment alternatives other than opioids. There is no evidence that the treating physician is prescribing opioids according to the MTUS section cited above which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opiod contract and documentation of failure of prior non-opiod therapy. On the basis of this lack of documentation and failure to adhere to the MTUS guidelines, Oxycontin is not indicated as medically necessary.