MAXIMUS Federal Services

Case Number:	CM15-0131918		
Date Assigned:	07/20/2015	Date of Injury:	07/06/2009
Decision Date:	09/17/2015	UR Denial Date:	07/01/2015
Priority:	Standard	Application Received:	07/08/2015

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: Emergency 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 45 year old female who sustained an industrial injury on 07/06/2009. Current diagnoses include hip pain-right, sprain/strain-thoracic region, lumbar radiculopthy, and stenosis-lumbar spine. Previous treatments included medications, surgical intervention, physical therapy, psychiatrist/psychologist, and home exercise. Initial injuries occurred when the worker fell off of a stool injuring her low back. Report dated 06/23/2015 noted that the injured worker presented with complaints that included pain in the low back, left hip, and left foot with numbness and tingling. Pain level was 7 (good day) and 10 (bad day) out of 10 on a visual analog scale (VAS). Current medication regimen included Oxycontin, Norco, ibuprofen, Opana ER, Prozac, Percocet, and Soma. Physical examination was positive for tenderness in the thoracic intercostals on the left, tenderness in the lumbar spine with decreased range of motion, positive straight leg raise on the left, mildly antalgic gait, spasms in the bilateral lumbar region, diminished strength in the left lower extremity. The treatment plan included medication management, decreased Oxycontin (patient is slowly weaning off this medication), Norco, Ibuprofen, follow up with PCP for non pain issues, continue home exercise program, continue physical therapy, reviewed MRI of lumbar spine, and return to office as scheduled. Disputed treatments include Norco and Oxycontin.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription for Norco 10/325mg #90: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82; Opioid Dosing, Page 86 Page(s): 78-82, 86.

Decision rationale: The requested 1 prescription for Norco 10/325mg #90, is not medically necessary.CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, recommend continued use of this opiate for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures; and Opioid Dosing, Page 86, note "In general, the total daily dose of opioid should not exceed 120 mg oral morphine equivalents." The injured worker has pain in the low back, left hip, and left foot with numbness and tingling. Pain level was 7 (good day) and 10 (bad day) out of 10 on a visual analog scale (VAS). It is guideline-supported to limit the continuance of this opiate to a one month period pending: documentation of objective evidence of continued derived functional improvement; a current urine drug screen result; treating physician commentary on to attempts to wean the total opiate load towards the recommend daily maximum opiate dosage. The criteria noted above not having been met, 1 prescription for Norco 10/325mg #90 is not medically necessary.

1 prescription for Oxycontin 10mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82; Opioid Dosing, Page 86 Page(s): 78-82, 86.

Decision rationale: The requested 1 prescription for Oxycontin 10mg #30, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, recommend continued use of this opiate for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures; and Opioid Dosing, Page 86, note "In general, the total daily dose of opioid should not exceed 120 mg oral morphine equivalents." The injured worker has pain in the low back, left hip, and left foot with numbness and tingling. Pain level was 7 (good day) and 10 (bad day) out of 10 on a visual analog scale (VAS). It is guideline-supported to limit the continuance of this opiate to a one-month period pending: documentation of objective evidence of continued derived functional improvement; a current urine drug screen result; treating physician commentary on to attempts to wean the total opiate load towards the recommend daily maximum opiate dosage. The criteria noted above not having been met, 1 prescription for Oxycontin 10mg #30 is not medically necessary.