

Case Number:	CM15-0135791		
Date Assigned:	07/23/2015	Date of Injury:	11/27/2006
Decision Date:	08/20/2015	UR Denial Date:	06/19/2015
Priority:	Standard	Application Received:	07/14/2015

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:

This 60 year old female sustained an industrial injury to the low back on 11/27/06. Previous treatment included lumbar fusion, physical therapy, injections and medications. Documentation did not disclose recent magnetic resonance imaging. In a follow up evaluation dated 1/7/15, the injured worker complained of low back pain with pain radiating down both legs as well as tailbone pain. The physician noted that the injured worker's symptoms had been constant with exacerbations and remissions and no significant improvement. Current medications included Soma, Tizanidine, Valium, Cymbalta, Norco, Lyrica, Megace and Oxycodone. In a follow-up noted dated 5/28/15, the injured worker complained of low back pain with radiation down both legs and some pain in her tailbone, noted to be unchanged from previous visits. Physical exam was remarkable for tenderness to palpation over the bilateral sacroiliac joints with significantly limited range of motion of the right hip and scattered areas of decreased sensation. The injured worker rose slowly from a chair and walked with a walker favoring the right leg. Current diagnoses included failed back surgery syndrome with some persistent sacroiliitis and piriformis syndrome. The physician noted that the current medication regimen provided partial relief of symptoms. The treatment plan included refilling medications (Valium, Norco, Lyrica, Oxycodone and Soma).

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone TAB 15mg #180 with no refills (MED 135): Upheld

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

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

Decision rationale: The requested Oxycodone TAB 15mg #180 with no refills (MED 135), is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Opioids for Chronic Pain, 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. The injured worker has low back pain with radiation down both legs and some pain in her tailbone, noted to be unchanged from previous visits. Physical exam was remarkable for tenderness to palpation over the bilateral sacroiliac joints with significantly limited range of motion of the right hip and scattered areas of decreased sensation. The treating physician has not documented VAS pain quantification with and without medications, duration of treatment, objective evidence of derived functional benefit such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention, nor measures of opiate surveillance including an executed narcotic pain contract or urine drug screening. The criteria noted above not having been met, Oxycodone TAB 15mg #180 with no refills (MED 135) is not medically necessary.

Norco TAB 10/325mg #100 with no refills (MED 60): Upheld

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

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

Decision rationale: The requested Norco TAB 10/325mg #100 with no refills (MED 60), is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Opioids for Chronic Pain, 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. The injured worker has low back pain with radiation down both legs and some pain in her tailbone, noted to be unchanged from previous visits. Physical exam was remarkable for tenderness to palpation over the bilateral sacroiliac joints with significantly limited range of motion of the right hip and scattered areas of decreased sensation. The treating physician has not documented VAS pain quantification with and without medications, duration of treatment, objective evidence of derived functional benefit such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention, nor measures of opiate surveillance including an executed narcotic pain contract or urine drug screening. The criteria noted above not having been met, Norco TAB 10/325mg #100 with no refills (MED 60) is not medically necessary.

