

Case Number:	CM15-0141834		
Date Assigned:	08/25/2015	Date of Injury:	09/04/2002
Decision Date:	09/21/2015	UR Denial Date:	06/24/2015
Priority:	Standard	Application Received:	07/21/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 was a 64 year old male, who sustained an industrial injury, September 4, 2002. The injured worker previously received the following treatments right ankle CT scan, status post open reduction and internal fixation of a comminuted fracture of the distal fibula, highly suggestive nonunion; lumbar spine CT scan, epidural steroid injections, Bextra, Vioxx, left elbow MRI, medial branch blocks of the dorsal rami, lumbar interlaminar epidural injections at L5 and S1, left ankle bracing, physical therapy, lumbar spine MRI which was poor quality, Rozerem, Norco, Lidoderm Patches, Oxycontin, Colace and Protonix. The injured worker was diagnosed with low back pain, lumbosacral facet arthropathy, right lower extremity pain, numbness, right lower extremity weakness, left lower extremity radiation pain, history of right ankle pillion fracture, history right knee injury, history of L3-L4 right far lateral disc protrusion, L4-L5 grade I degenerative disc disease, lumbar spine with multi-level degenerative disc disease, disc protrusions, foraminal stenosis and facet arthropathy and lumbar coronal place curvature, chronic pain syndrome, right meniscal surgery, arthrodesis of the right ankle and impaired gait. According to progress note of April 2, 2015, the injured worker's chief complaint was right ankle and lumbar pain. The injured worker had been taking Oxycontin, OxyIR, Rozerem, Lidoderm Patches, Metoprolol, Aspirin, Colace and Protonix. The mediations assisted the injured worker with increased function. According to the progress note of June 4, 2015, right ankle and low back pain. The right ankle pain was rated at average 6 out of 10 with the worse being 10 out of 10. The low back pain was rated at average 6 out of 10 worse being 9 out of 10. The injured worker had tried to taper medications which resulted in increased pain. The physical exam noted the injured worker having difficulty with prolonged standing, especially on the right, due to right hip pain. The treatment plan included a prescription renewal for Norco and Oxycontin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #150: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Acetaminophen.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, p76-80 (2) Opioids, dosing, p86.

Decision rationale: The claimant has a remote history of a work injury occurring in September 2002 and continues to be treated for low back and ankle pain. When seen, a trial of medication tapering had caused increased pain. He indicated that without his current medications he would require more assistance at home. When seen, physical examination findings included difficulty weight-bearing due to pain. His weight was over 200 pounds. Medications were refilled. Norco and OxyContin were prescribed at a total (MED) in excess of 200 mg per day. Guidelines recommend against opioid dosing is in excess of 120 mg oral morphine equivalents per day. In this case, the total MED being prescribed is more than that recommended. Although the claimant has chronic pain and the use of opioid medication may be appropriate, there are no unique features of this case that would support dosing at this level, and weaning of the prescribed medications was not being actively done. Ongoing prescribing at this dose was not medically necessary.

Unknown prescription of Oxycontin: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Oxycontin (Oxycodone).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, p76-80 (2) Opioids, dosing, p86.

Decision rationale: The claimant has a remote history of a work injury occurring in September 2002 and continues to be treated for low back and ankle pain. When seen, a trial of medication tapering had caused increased pain. He indicated that without his current medications he would require more assistance at home. When seen, physical examination findings included difficulty weight-bearing due to pain. His weight was over 200 pounds. Medications were refilled. Norco and OxyContin were prescribed at a total (MED) in excess of 200 mg per day. Guidelines recommend against opioid dosing is in excess of 120 mg oral morphine equivalents per day. In this case, the total MED being prescribed is more than that recommended. Although the claimant has chronic pain and the use of opioid medication may be appropriate, there are no unique features of this case that would support dosing at this level, and weaning of the prescribed medications was not being actively done. Ongoing prescribing at this dose was not medically necessary.