

Case Number:	CM15-0142558		
Date Assigned:	08/03/2015	Date of Injury:	04/07/2014
Decision Date:	08/31/2015	UR Denial Date:	07/13/2015
Priority:	Standard	Application Received:	07/22/2015

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 is a 34 year old male patient who sustained an industrial injury on April 07, 2014. A recent primary treating office visit dated July 07, 2014 reported the patient currently working a modified duty. He states he is not tolerating the current medications as he feels the Percocet is causing fogginess and night mares and he wishes to go back on Norco. He is reporting subjective complaint of severe low back pain. He is diagnosed with lumbar spine disorder, and lumbar strain and sprain. The Percocet, Biofreeze gel, and Orphenadrine Citrate noted discontinued. His maximal medical improvement dated is stated as August 01, 2014. There is a pending pain management consultation. A visit dated June25, 2015 reported the patient having recently started acupuncture. Current medications are: OxyContin, and Norco. The assessment found the patient with degenerative disc disease, lumbar; spondylosis, lumbar; and chronic pain syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 20 mg Qty 60: Upheld

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

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 sustained a work injury in April 2014 and continues to be treated for radiating low back pain. When seen, pain was rated at 3-4/10 with a new medication regimen. Medications are referenced as allowing the claimant to perform activities such as grocery shopping and laundry. He had recently started acupuncture treatments. Physical examination findings included a slow gait with decreased cervical spine range of motion. There was lumbar spinous process tenderness with diffuse lower extremity weakness attributed to pain. Medications were refilled. OxyContin and Norco were prescribed at a total MED (morphine equivalent dose) of 150 mg per day. The same doses were being prescribed in February 2015 where Norco was discontinued due to unmanageable pain. Dilaudid and then Nucynta were subsequently prescribed and then discontinued with Norco restarted at the same prior dose which continues to be prescribed. 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. Prior dosing of the same medications had become ineffective and opioid rotation at a recommended MED might be an alternative treatment. Ongoing prescribing at this dose was not medically necessary.

Norco 10/325 mg Qty 180: Upheld

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

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 sustained a work injury in April 2014 and continues to be treated for radiating low back pain. When seen, pain was rated at 3-4/10 with a new medication regimen. Medications are referenced as allowing the claimant to perform activities such as grocery shopping and laundry. He had recently started acupuncture treatments. Physical examination findings included a slow gait with decreased cervical spine range of motion. There was lumbar spinous process tenderness with diffuse lower extremity weakness attributed to pain. Medications were refilled. OxyContin and Norco were prescribed at a total MED (morphine equivalent dose) of 150 mg per day. The same doses were being prescribed in February 2015 where Norco was discontinued due to unmanageable pain. Dilaudid and then Nucynta were subsequently prescribed and then discontinued with Norco restarted at the same prior dose which continues to be prescribed. 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. Prior dosing of the same medications had become ineffective and opioid rotation at a recommended

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