

Case Number:	CM15-0147500		
Date Assigned:	08/10/2015	Date of Injury:	08/19/2005
Decision Date:	09/04/2015	UR Denial Date:	07/20/2015
Priority:	Standard	Application Received:	07/29/2015

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 70 year old male who sustained an industrial injury on 08-09-06. Initial complaints and diagnoses are not available. Treatments to date include medications, a lumbar epidural steroid injection, and physical therapy. Diagnostic studies are not addressed. Current complaints include lumbar spine pain. Current diagnoses include lumbar strain and sprain, lumbar degenerative disc disease, lumbar disc pathology, and lumbar disc displacement. In a progress note dated 07-13-15 the treating provider reports the plan of care as continued OxyContin and Percocet. The requested treatments include OxyContin and Norco. The documentation supports that the injured worker has been on Norco and OxyContin since at least 01-14-15 through 06-08-15. The injured worker's medication regimen was changed to OxyContin and Percocet on 06-08-15. The dose of OxyContin has not changed since at least 01-14-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 80mg #60 with 0 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid use of chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, p76-80 (2) Opioids, dosing, p86 Page(s): 76-80, 86.

Decision rationale: The claimant has a remote history of a work injury occurring in August 2005 and continues to be treated for radiating back pain. Medications are referenced as decreasing pain from "10-11"/10 to 6/10. When seen, he was having worsening symptoms. There was lumbar spine tenderness with decreased range of motion. There was an antalgic gait. OxyContin and Norco were being prescribed at a total MED (morphine equivalent dose) of 280 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 two times that recommended. Reported pain scores suggest symptom magnification. 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. Ongoing prescribing at this dose is not medically necessary.

Norco 10/325mg #120 with 0 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid use of chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, p76-80 (2) Opioids, dosing, p86 Page(s): 76-80, 88.

Decision rationale: The claimant has a remote history of a work injury occurring in August 2005 and continues to be treated for radiating back pain. Medications are referenced as decreasing pain from "10-11"/10 to 6/10. When seen, he was having worsening symptoms. There was lumbar spine tenderness with decreased range of motion. There was an antalgic gait. OxyContin and Norco were being prescribed at a total MED (morphine equivalent dose) of 280 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 two times that recommended. Reported pain scores suggest symptom magnification. 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. Ongoing prescribing at this dose is not medically necessary.