

Case Number:	CM15-0148416		
Date Assigned:	08/11/2015	Date of Injury:	11/06/1996
Decision Date:	09/08/2015	UR Denial Date:	07/17/2015
Priority:	Standard	Application Received:	07/30/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 52 year old male, who sustained an industrial injury on 11-6-96. Initial complaints were not reviewed. The injured worker was diagnosed as having degenerative joint disease; right shoulder impingement syndrome; cervical radiculopathy; postlaminectomy lumbar syndrome; lumbar spinal stenosis; lumbar radiculopathy; degenerative disc disease thoracic and lumbar; cervicgia. Treatment to date has included physical therapy; medications. Currently, the PR-2 notes dated 7-6-15 indicated the injured worker complains of low back pain. He has been seen in this office intermittently over the years for complaints of chronic severe low back pain and leg complaints. He has been treated for failed back surgery syndrome, status post 360 degree fusion at L3-4 and undergone 3 lumbar fusion surgeries (1999, 2002 and 2003). He does have a spinal cord stimulator implant (no date of implant). He continues to note fairly severe low back pain and bilateral leg complaints and now in a different distribution compared to 3 years ago. The provider continues his note indicating the injured worker complains of frequent headaches and neck pain associated with the same injury. These complaints have been a lesser degree than his lumbar pain but worsening over time. He has undergone a right shoulder arthroscopy on a non-industrial basis in 2008. The cervical spine and bilateral upper extremity-shoulders have been denied on an industrial basis. The most recent MRI of the lumbar spine reports one 4-4-15 reveals postoperative changes at L3-4 with facet osteoarthritis and has adjacent disease above the fusion with moderate degenerative disc disease, facet osteoarthritis and "NFN" bilaterally. His medications are reported as delayed or denied. He has had to self-procure these medications. His pain scores are documented at 10 out of 10 without medications

and 5 over 10 with medications. His current medications are listed by the provider as Oxycodone 15 mg one orally PRN for severe pain every four hours as needed, Norco 10-325mg tabs one every 4-6 hours as needed for moderate pain, Cyclobenzaprine 5mg tabs 1-2 orally every 12 hours as needed for acute spasm. On physical examination, the provider notes tenderness to palpation of the cervical paraspinals with limited range of motion. His thoracic exam notes tenderness to palpation of the paraspinals with limited range of motion due to pain. His lumbar sacral exam notes a well-healed incision with no signs of infection. There is noted tenderness to palpation of the paraspinals with the left greater than right especially left lower with palpable trigger points. Sensory exam notes decreased left C6, C7, L4, L5 and S1. Also, there is a decreased right C5, C6 and L4. Sensory to light touch of the left lower extremities is also decreased. The right shoulder examination notes tenderness over the AC joint and clear signs of impingement. Subacromial bursitis and painful limited range of motion is noted with a well-healed incision. He concludes the injured worker's most recent urine drug screening and opioid contract were reviewed with no aberrant behavior. His treatment plan includes a request for trigger point injections, repeat transforaminal epidural steroid injections and updated cervical and right shoulder MRI's. He is requesting a renewal of his prescriptions. The provider is requesting authorization of Norco 10-325mg #180 and Oxycodone HCL 15mg #180.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Norco 10/325mg #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing management Page(s): 78-80.

Decision rationale: 1 prescription of Norco 10/325mg #180 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that a satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The MTUS does not support ongoing opioid use without improvement in function or pain. The documentation indicates that there have been prior weaning recommendations due to lack of increased function on opioids. The documentation reveals that the patient has been on long-term opioids without significant evidence of functional improvement. Therefore, the request for continued Norco is not medically necessary.

1 prescription of Oxycodone HCL 15mg #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing management Page(s): 78-80.

Decision rationale: 1 prescription of Oxycodone HCL 15mg #180 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that a satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The MTUS does not support ongoing opioid use without improvement in function or pain. The documentation indicates that there have been prior weaning recommendations due to lack of increased function on opioids. The documentation reveals that the patient has been on long term opioids without significant evidence of functional improvement. Therefore, the request for continued Oxycodone is not medically necessary.