

Case Number:	CM15-0160799		
Date Assigned:	08/27/2015	Date of Injury:	09/13/2006
Decision Date:	09/29/2015	UR Denial Date:	07/31/2015
Priority:	Standard	Application Received:	08/17/2015

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 40 year old male, who sustained an industrial injury on 9-13-2006. The injured worker was diagnosed as having lumbar radiculitis, myofascial pain, and lumbar disc displacement. Treatment to date has included diagnostics, epidural steroid injections, and medications. Currently (6-24-2015), the injured worker complains of low back pain and was requesting medication refills. Pain was rated 2-3 out of 10 with medications and 9 out of 10 without. No side effects of medications were noted. He was able to sit for 20-25 minutes with medications and 10 minutes without, and stand for 40-45 minutes with medications and 15 minutes without. He was not working. Exam of the lumbar spine noted decreased and painful range of motion and positive straight leg raise bilaterally. His work status was modified with no heavy lifting restrictions. The treatment plan included the continued use of Norco and Oxycontin. The use of Norco and Oxycontin was noted since at least 12-2014. Pain and activity levels were consistent for several months. Urine toxicology was not noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 20mg #30: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Pain Outcomes and Endpoints, p8, (2) Opioids, criteria for use, p76-80 (3) Opioids, dosing, p86 Page(s): 8, 76-80, 86. Decision based on Non-MTUS Citation OxyContin prescribing information.

Decision rationale: The claimant has a remote history of a work injury occurring in September 2006 and continues to be treated for chronic low back pain. Medications are referenced as decreasing pain from 9/10 to 2-3/10 with improved sitting and standing tolerances. When seen, there was decreased and painful lumbar spine range of motion with positive straight leg raising. Medications were continued. OxyContin and Norco were prescribed at a total MED (morphine equivalent dose) of 90 mg per day. Guidelines indicate that when an injured worker has reached a permanent and stationary status or maximal medical improvement that does not mean that they are no longer entitled to future medical care. When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. OxyContin is a sustained release opioid used for treating baseline pain. In this case, it is being prescribed as part of the claimant's ongoing management. There are no identified issues of abuse or addiction and medications are providing decreased pain and improved activity tolerance. The total MED is less than 120 mg per day consistent with guideline recommendations. Consideration should be given to changing the claimant's dose to 10 mg Q12 hours which would be consistent with the prescribing information for this medication. Continued prescribing, however, is medically necessary.

Norco 10/325mg #180: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Pain Outcomes and Endpoints, p8, (2) Opioids, criteria for use, p76-80 (3) Opioids, dosing, p86 Page(s): 8, 76-80, 86.

Decision rationale: The claimant has a remote history of a work injury occurring in September 2006 and continues to be treated for chronic low back pain. Medications are referenced as decreasing pain from 9/10 to 2-3/10 with improved sitting and standing tolerances. When seen, there was decreased and painful lumbar spine range of motion with positive straight leg raising. Medications were continued. OxyContin and Norco were prescribed at a total MED (morphine equivalent dose) of 90 mg per day. Guidelines indicate that when an injured worker has reached a permanent and stationary status or maximal medical improvement that does not mean that they are no longer entitled to future medical care. When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Norco (hydrocodone/acetaminophen) is a short acting combination opioid often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. There are no identified issues of abuse or addiction and medications are providing decreased pain and improved activity tolerance. The total MED is less than 120 mg per day consistent with guideline recommendations. Continued prescribing is medically necessary.