

Case Number:	CM15-0167389		
Date Assigned:	09/08/2015	Date of Injury:	07/19/2000
Decision Date:	10/07/2015	UR Denial Date:	07/28/2015
Priority:	Standard	Application Received:	08/25/2015

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: California
 Certification(s)/Specialty: Emergency 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:

This 74-year-old female sustained an industrial injury to the back and neck on 7-19-00. Magnetic resonance imaging lumbar spine (5-7-15) showed multilevel degenerative changes and an arachnoid cyst at L3-4. Magnetic resonance imaging cervical spine (10-10-13) showed multilevel foraminal narrowing and disc bulge. Previous treatment included lumbar fusion (9-23-14), cervical fusion (12-7-00), aquatic therapy, bed rail and medications. In a PR-2 dated 3-20-15, the injured worker complained of pain to the cervical spine rated 6 to 7 out of 10 on the visual analog scale, bilateral knee pain rated 5 to 6 out of 10 and lumbar spine pain rated 5 to 6 out of 10. The treatment plan consisted of continuing medications (Oxycontin, Norco, Lidoderm patch, Menthoderm gel, Docuprene and Prilosec). In the most recent progress note submitted for review, an orthopedic spine consultation dated 7-10-15, the injured worker complained of pain to the low back with radiation to the buttocks and legs, left hip pain and bilateral knee pain. The injured worker reported that lumbar and cervical fusions helped at first but now the low back pain was worse and that she was starting to have neck pain. Physical exam was remarkable for tenderness to palpation over bilateral sacroiliac joints with positive bilateral Faber's, Fortin's finger and Gaenslen's tests, tenderness to palpation over bilateral trochanteric bursa, exquisitely tender myofascial trigger points in bilateral gluteal myofascial area with positive lumbar facet loading at L4-5 and L5-S1, 4 out of 5 strength in bilateral lower extremities with diminished deep tendon reflexes. Current diagnoses included lumbar spine degenerative disc disease, lumbar spine herniated nucleus pulposus, lumbar spine radiculopathy, spondylosis without myelopathy and failed back surgery syndrome. Current medications included Norco,

Oxycontin, Ketorolac and Lyrica. The physician stated that the injured worker had complex and complicated multiple etiologies in the lumbar spine. The physician recommended interventional procedures to decrease pain so she could tolerate aggressive physical therapy and improve function. The treatment plan consisted of starting with bilateral sacroiliac joint injections and using facet joint injections, trigger point injections and epidural steroid injections in the future.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco tab, ninety count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76 - 80, 91, 92 and 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82 Page(s): 78-82.

Decision rationale: The requested Norco ninety count is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, recommend continued use of this opiate for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The injured worker has pain to the cervical spine rated 6 to 7 out of 10 on the visual analog scale, bilateral knee pain rated 5 to 6 out of 10 and lumbar spine pain rated 5 to 6 out of 10. The treatment plan consisted of continuing medications (Oxycontin, Norco, Lidoderm patch, Methoderm gel, Docuprene and Prilosec). In the most recent progress note submitted for review, an orthopedic spine consultation dated 7-10-15, the injured worker complained of pain to the low back with radiation to the buttocks and legs, left hip pain and bilateral knee pain. The injured worker reported that lumbar and cervical fusions helped at first but now the low back pain was worse and that she was starting to have neck pain. Physical exam was remarkable for tenderness to palpation over bilateral sacroiliac joints with positive bilateral Faber's, Fortin's finger and Gaenslen's tests, tenderness to palpation over bilateral trochanteric bursa, exquisitely tender myofascial trigger points in bilateral gluteal myofascial area with positive lumbar facet loading at L4-5 and L5-S1, 4 out of 5 strength in bilateral lower extremities with diminished deep tendon reflexes. Current diagnoses included lumbar spine degenerative disc disease, lumbar spine herniated nucleus pulposus, lumbar spine radiculopathy, spondylosis without myelopathy and failed back surgery syndrome. Current medications included Norco, Oxycontin, Ketorolac and Lyrica. The physician stated that the injured worker had complex and complicated multiple etiologies in the lumbar spine. The physician recommended interventional procedures to decrease pain so she could tolerate aggressive physical therapy and improve function. The treating physician has not documented duration of treatment, objective evidence of derived functional benefit such as improvements in activities of daily living, reduced work restrictions, or decreased reliance on medical intervention, nor measures of opiate surveillance including an executed narcotic pain contract or urine drug screening. The criteria noted above not having been met, Norco tab, ninety count is not medically necessary.

Oxycontin 20 mg/tab, thirty count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76 - 80, 91, 92 and 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82 Page(s): 78-82.

Decision rationale: The requested Oxycontin 20 mg/tab, thirty count is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, recommend continued use of this opiate for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The injured worker has pain to the cervical spine rated 6 to 7 out of 10 on the visual analog scale, bilateral knee pain rated 5 to 6 out of 10 and lumbar spine pain rated 5 to 6 out of 10. The treatment plan consisted of continuing medications (Oxycontin, Norco, Lidoderm patch, Menthoderm gel, Docuprene and Prilosec). In the most recent progress note submitted for review, an orthopedic spine consultation dated 7-10-15, the injured worker complained of pain to the low back with radiation to the buttocks and legs, left hip pain and bilateral knee pain. The injured worker reported that lumbar and cervical fusions helped at first but now the low back pain was worse and that she was starting to have neck pain. Physical exam was remarkable for tenderness to palpation over bilateral sacroiliac joints with positive bilateral Faber's, Fortin's finger and Gaenslen's tests, tenderness to palpation over bilateral trochanteric bursa, exquisitely tender myofascial trigger points in bilateral gluteal myofascial area with positive lumbar facet loading at L4-5 and L5-S1, 4 out of 5 strength in bilateral lower extremities with diminished deep tendon reflexes. Current diagnoses included lumbar spine degenerative disc disease, lumbar spine herniated nucleus pulposus, lumbar spine radiculopathy, spondylosis without myelopathy and failed back surgery syndrome. Current medications included Norco, Oxycontin, Ketorolac and Lyrica. The physician stated that the injured worker had complex and complicated multiple etiologies in the lumbar spine. The physician recommended interventional procedures to decrease pain so she could tolerate aggressive physical therapy and improve function. The treating physician has not documented duration of treatment, objective evidence of derived functional benefit such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention, nor measures of opiate surveillance including an executed narcotic pain contract or urine drug screening. The criteria noted above not having been met, Oxycontin 20 mg/tab, thirty count is not medically necessary.