

Case Number:	CM15-0182366		
Date Assigned:	09/23/2015	Date of Injury:	10/01/1997
Decision Date:	10/27/2015	UR Denial Date:	08/19/2015
Priority:	Standard	Application Received:	09/16/2015

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 65 year old female, who sustained an industrial injury on 10-01-1997. She has reported injury to the neck and low back. The injured worker has been treated for chronic pain syndrome; brachial neuritis or radiculitis; degeneration of cervical intervertebral disc; thoracic or lumbosacral neuritis or radiculitis; degeneration of lumbar or lumbosacral intervertebral disc; cervicalgia; lumbago; and spinal stenosis lumbar region. Treatments have included medications, diagnostics, rest, heat, ice, activity modification, and home exercise program. Medications have included Norco, Oxycontin, Oxycodone, Lyrica, Flexeril, Wellbutrin, and Klonopin. A progress report from the treating physician, dated 07-30-2015, documented an evaluation with the injured worker. The injured worker reported neck and back pain; she states that her pain is constant and bothersome; her pain level is 2 out of 10 in intensity with medications, and 7 out of 10 in intensity without medications; and she reports that the benefit of chronic pain medication maintenance regimen, activity restriction and rest continue to keep pain within a manageable level to allow her to complete necessary activities of daily living such as walking, shopping, and light household chores. Objective findings included she is awake and alert; gait is no longer slightly slow and antalgic; mildly tender along the cervical spine to touch and with movement; flexion, extension, and rotation are restricted; painful along the lumbar spine with movement; flexion, extension, and lateral bending are restricted; dysesthesia along the bilateral hands; and dysesthesia on bottom of bilateral feet. The treatment plan has included the request for Norco 10-325mg #66; and Oxycodone IR 10mg #60. The original utilization review, dated 08-19-2015, modified a request for Norco 10-325mg #66,

to Norco 10- 325mg #20; and non-certified a request for Oxycodone IR 10mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #66: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain, Opioids, dosing.

Decision rationale: The claimant has a remote history of a work injury occurring in October 1997 and continues to be treated for chronic neck and back pain. Medications are referenced as decreasing pain from 7/10 to 2/10 and keeping pain within a manageable level and allowing the claimant to complete activities of daily living. When seen, there was mild cervical tenderness. There was decreased cervical and lumbar spine range of motion. There was pain with lumbar spine movements. There was minimally restricted shoulder range of motion with mild tenderness. She was having dysesthesias along the hands and severe dysesthesias over the bottom of her feet. Medications were refilled. OxyContin, oxycodone, and Norco were being prescribed at a total MED (morphine equivalent dose) of 270 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. 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, and weaning of the currently prescribed medications is not being actively done. Ongoing prescribing of Norco at this dose is not medically necessary.

Oxycodone IR 10mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids, dosing.

Decision rationale: The claimant has a remote history of a work injury occurring in October 1997 and continues to be treated for chronic neck and back pain. Medications are referenced as decreasing pain from 7/10 to 2/10 and keeping pain within a manageable level and allowing the claimant to complete activities of daily living. When seen, there was mild cervical tenderness. There was decreased cervical and lumbar spine range of motion. There was pain with lumbar spine movements. There was minimally restricted shoulder range of motion with mild tenderness. She was having dysesthesias along the hands and severe dysesthesias over the bottom of her feet. Medications were refilled. OxyContin, oxycodone, and Norco were being prescribed at a total MED (morphine equivalent dose) of 270 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. 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, and weaning of the currently prescribed medications is not being actively done. Ongoing prescribing of oxycodone at this dose is not medically necessary.