

Case Number:	CM15-0183883		
Date Assigned:	09/24/2015	Date of Injury:	10/04/2000
Decision Date:	10/30/2015	UR Denial Date:	09/08/2015
Priority:	Standard	Application Received:	09/18/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 49 year old female, who sustained an industrial-work injury on 10-4-00. She reported initial complaint of back pain. The injured worker was diagnosed as having radiculopathy, degenerative disc disease, lumbar spine, fibromyalgia and myositis, and other acute pain. Treatment to date has included medication. Currently, the injured worker complains of chronic radiating lower back pain with intermittent numbness into the right anterolateral thigh. Medications are helpful to do ADL's (activities of daily living) and meeting obligations for work duties (with restrictions). There is also fatigue, sleeping difficulties, thyroid problem, nausea, and gastrointestinal upset. Per the primary physician's progress report (PR-2) on 8-18-15, exam notes pain in the lumbar intervertebral spaces, right sided pain in the bilateral sacroiliac joint area, positive twitching over the trigger points in the lumbar paraspinal muscles and tenderness in the greater trochanteric bursa, decreased range of motion, She has been stable for several years with mediations: Norco and OxyContin. Current plan of care includes refill mediation. The Request for Authorization requested service to include Norco 10/325mg #90 and OxyContin 20mg #90. The Utilization Review on 9-8-15 denied the request for Norco and OxyContin due to documentation of objective functional improvement, urine drug screening, or attempts for weaning, per CA MTUS (California Medical Treatment Utilization Schedule), Chronic Pain Medical Treatment Guidelines 2009.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #90: 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 for neuropathic pain, Opioids, specific drug list.

Decision rationale: Norco is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as first line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Norco along with Oxycontin and Ultram for several months without documentation of pain score trends. There was no mention of Tylenol, NSAID, Tricyclic or weaning failure. The combined doses of medications exceed the 120 mg of Morphine equivalent. The continued use of Norco is not medically necessary.

OxyContin 20mg #90: 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 for chronic pain, Opioids for neuropathic pain.

Decision rationale: According to the MTUS guidelines, Oxycontin not indicated as first line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. Long Term-use has not been supported by any trials. In this case, the claimant had been on Norco, Oxycontin and Tramadol for several months without documentation of pain score trends. There was no mention of Tylenol, NSAID, Tricyclic or weaning failure. The combined dose of medications exceeds the 120 mg of Morphine equivalent. No one opioid is superior to another. The continued use of Oxycontin is not medically necessary.