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| Case Number: | CM15-0187268 | | |
| Date Assigned: | 09/29/2015 | Date of Injury: | 12/24/2005 |
| Decision Date: | 11/06/2015 | UR Denial Date: | 09/16/2015 |
| Priority: | Standard | Application Received: | 09/23/2015 |

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 42 year old male injured worker suffered an industrial injury on 12-24-2005. The diagnoses included chronic low back pain, post-laminectomy syndrome. On 6-29-2015 the provider noted the pain could go as high as 8 to 9 out of 10 and with medications it dropped to 4 out of 10. OxyContin took 45 minutes to take effect lasting 8 to 9 hours long. He reported that with medications he was able to do the activities of daily living and able to returned to full time work. He was able to go grocery shopping and walk around for 1 hour longer and walk 1 mile further with medication. The provider reported there was an opiate contract on file with consistent urine drug screen. On 8-25-2015 the treating provider reported ongoing back pain and continued to do well on the current medications regime with no adverse side effects or aberrant behaviors. He was deemed "low risk" for aberrant behaviors. The 8-25-2015 documentation provided did not include evidence of a comprehensive pain evaluation with pain levels with and without medications, no evidence of functional improvement with treatment and no detailed aberrant risk assessment with CURES report. The documentation for the visits 6-29-2015 and 8-25-2015 did not include comprehensive physical exams. Prior treatment included Flexeril and lumbar laminectomy and decompression. Oxycontin and Norco had been in use at least since 12-15-2014. Diagnostics included lumbosacral x-rays 3-9-2015 and urine drug screen 4-6-2015. Request for Authorization date was 9-3-2015. The Utilization Review on 9-16-2015 determined approved for Oxycontin 40mg #30, denied OxyContin 40mg QTY: 30 (DND until 9/25/15), approved for Oxycontin 30mg #30 and denied OxyContin 30mg QTY: 30 (DND until 9/25/15) and approved Norco 10-325mg #60 and denied Norco 10/325mg QTY: 60 (DND until 09/25/15).

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 40mg QTY: 30 (DND until 9/25/15): 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, dosing, Opioids, specific drug list.

Decision rationale: Oxycontin is an opioid that is not considered 1st line for back pain . The claimant had been on Oxycontin for several months. There was no mention of pain score trends or opioid contract. There was no mention of Tylenol, Tricyclic or weaning failure. Continued and chronic use of Oxycontin 40 mg is not medically necessary.

Oxycontin 30mg QTY: 30 (DND until 9/25/15): 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: Oxycontin is an opioid that is not considered 1st line for back pain. The claimant had been on Oxycontin for several months. There was no mention of pain score trends or opioid contract. There was no mention of Tylenol, Tricyclic or weaning failure. Continued and chronic use of Oxycontin 30 mg is not medically necessary.

Norco 10/325mg QTY: 60 (DND until 09/25/15): 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: Norco is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st 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 for several months in combination with Oxycontin. There was no mention of Tylenol, NSAID, Tricyclic or weaning failure. The continued and chronic use of Norco is not medically necessary.