

Case Number:	CM15-0038310		
Date Assigned:	03/09/2015	Date of Injury:	01/28/1999
Decision Date:	04/10/2015	UR Denial Date:	02/24/2015
Priority:	Standard	Application Received:	03/02/2015

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 53-year-old male, who sustained an industrial injury on 1/28/99. On 3/2/15, the injured worker submitted an application for IMR for review. The treating provider has reported the injured worker complained of ongoing low back pain that radiates to the right thigh, calf, ankle and foot. The pain is report to increase with activity and is described as an ache, deep, discomforting, localized, piercing, sharp, shooting, stabbing, and throbbing. The injured worker reports that medications allow him to perform minimal activities of daily living. There are no surgeries reports for the lumbar spine. The diagnoses have included osteoporosis; kyphosis; radiculopathy thoracic and lumbosacral spine chronic; low back pain; degenerative disc disease chronic; chronic pain due to trauma. Treatment to date has included drug toxicity screening for medication management; medications. Diagnostics studies reported include x-rays of thoracic and lumbar spine (5/30/12); Bone Density (5/30/12); x-rays lumbar spine (2/7/13); x-rays of thoracic and lumbar spine (11/21/13 and 9/23/14); MRI lumbar spine (9/23/14 and 10/31/14). A Utilization Review was completed on 2/24/15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #150: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids
Page(s): 82-92.

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 2 years without significant improvement in pain or function. The claimant had also been on multiple opioids including Opana and Oxycontin in excess of 120 mg or Morphine equivalent. The continued use of Norco is not medically necessary.

Opana ER 40mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids
Page(s): 82-92.

Decision rationale: According to the guidelines, the daily maximum morphine equivalent is recommended to be 120 mg. In this case, the 40 mg of Oxymorphone alone is equal to 120 mg. When used in combination with Norco and Oxycontin, the Morphine equivalent of 120 mg is exceeded. The claimant had been on Opana and Norco for over 2 years. Long-term use of opioids has not been studied but can lead to addiction and tolerance. In 2013 the medications would reduced to pain from a 9-5. Currently, rhe pain reduces from a 10 to 8-6 range. Continued use of Opana is not indicated.