

Case Number:	CM15-0046819		
Date Assigned:	03/19/2015	Date of Injury:	12/24/2003
Decision Date:	05/01/2015	UR Denial Date:	03/03/2015
Priority:	Standard	Application Received:	03/11/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, 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 68-year-old female, with a reported date of injury of 12/24/2003. The diagnoses include lumbar radiculopathy, failed lumbar surgery, chronic pain syndrome, spinal stenosis of the lumbar region, traumatic neuroma, pelvic fracture. Treatments to date have included an x-ray of the lumbosacral spine, an MRI of the lumbosacral spine, and oral medications. The progress report dated 02/18/2015 indicated that the injured worker reported increased pain in her back and legs, as well as declined functionality due to decreased medication intake. She rated her low back pain 8-9 out of 10. The injured worker reported numbness in her feet and burning sensation on the side of her left leg. She also reported muscle spasms in her legs. The medications provide 60% of pain reduction. It was noted that she reported no side effects, there were no abnormal drug behaviors, and the injured worker was more functional on medications. The last urine drug test was consistent with the prescribed medications. The objective findings included an antalgic gait, excessive lordosis, muscle weakness, decreased sensation to pin prick at the left L3 and L4 levels, and mild to moderate tenderness along the cervical, thoracic and lumbar spine and shoulders. The treating physician requested Norco 10/325mg #120 and Oxycontin 20mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg Qty 120: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78, 91.

Decision rationale: I respectfully disagree with the UR physician. Per MTUS Chronic Pain Medical Treatment Guidelines p78 regarding on-going management of opioids "Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: Pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug related behaviors. These domains have been summarized as the "4 A's" (Analgesia, activities of daily living, adverse side effects, and any aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." The progress note dated February 23, 2015 indicates Norco is only prescribed for breakthrough pain in addition to OxyContin and that the injured employee has had a 60% pain reduction with the usage of Norco, increased ability to function, no side effects, and no aberrant behavior. There was also a consistent urine drug screen. Considering this, the request for continued usage of Norco 10/325 mg is medically necessary.

Oxycontin 20 mg Qty 60: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78, 93.

Decision rationale: I respectfully disagree with the UR physician. Per MTUS Chronic Pain Medical Treatment Guidelines p78 regarding on-going management of opioids "Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: Pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug related behaviors. These domains have been summarized as the "4 A's" (Analgesia, activities of daily living, adverse side effects, and any aberrant drug-taking behaviors).The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." The progress note dated February 23, 2015 indicates Norco is only prescribed for breakthrough pain in addition to OxyContin and that the injured employee has had a 60% pain reduction with the usage of Norco, increased ability to function, no side effects, and no aberrant behavior. There was also a consistent urine drug screen. Considering this, the request for continued usage of Norco 10/325 mg is medically necessary.

