

Case Number:	CM15-0052425		
Date Assigned:	03/25/2015	Date of Injury:	11/29/2011
Decision Date:	05/01/2015	UR Denial Date:	03/03/2015
Priority:	Standard	Application Received:	03/19/2015

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 59 year old male who sustained an industrial injury on 11/29/11. The mechanism of injury was not clear. Of note, he was involved in a motor vehicle accident 12/15/14. He currently complains of low back pain with radiation lower extremity pain with numbness and tingling; muscle spasms along the lumbosacral region; anxiety and depression. His pain intensity is 5/10 with medications and 10/10 without medications. He is able to perform activities of daily living with medications. Medications are Norco, oxycodone, gabapentin, Buspar, Baclofen, Xanax, Adderall and Phenobarbital. Diagnoses include status post L1-L5 laminectomy (5/20/14); status post L4-L5 discectomy (2006); multi-level lumbar degenerative disc disease; anxiety and depression, secondary to chronic pain and opioid dependency. Treatments to date include L1-L5 laminectomy (5/20/14) which failed as the injured worker remained symptomatic and has increased low back and lower extremity pain and weakness; psychological evaluation; acupuncture with temporary relief; physical therapy, epidural steroid injections and three days in detoxification and rehabilitation (8/14). In the progress noted dated 2/18/15 the treating provider noted that the injured worker used more Norco than prescribed due to increased pain and is out of his medication. The treating providers of care requests oxycodone for pain and Norco for moderate to severe breakthrough pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone ir 30 mg tabs 120: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain chapter.

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

Decision rationale: Per MTUS Chronic Pain Medical Treatment Guidelines p78 regarding ongoing 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." Per progress report dated 3/18/15, it was noted that the injured worker notes 40-50% improvement in pain and 40% improvement in function. He states that with the medication he is able to perform his activities of daily living including self-hygiene and self-care needs. He is also able to assist with light household chores. UDS report dated 1/16/15 was included for review and was consistent with prescribed medications. I respectfully disagree with the UR physician's assertion that the documentation did not support continued use of opioids. The request is medically necessary.

Norco 10/325mg tabs 60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain chapter.

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

Decision rationale: Per MTUS Chronic Pain Medical Treatment Guidelines p78 regarding ongoing 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." Per progress report dated 3/18/15, it was noted that the injured worker notes 40-50% improvement in pain and 40% improvement in function. He states that with the medication he is able to perform his activities of daily living including self-hygiene and self-care needs. He is also able to assist with light household chores. UDS report dated 1/16/15 was included for review and was consistent with prescribed medications. I respectfully disagree with the UR physician's assertion that the documentation did not support continued use of opioids. The request is medically necessary.