

Case Number:	CM15-0053849		
Date Assigned:	03/27/2015	Date of Injury:	02/10/2006
Decision Date:	05/01/2015	UR Denial Date:	03/10/2015
Priority:	Standard	Application Received:	03/20/2015

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
 Certification(s)/Specialty: Emergency Medicine

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 55 year old female, who sustained an industrial injury on February 10, 2006. She reported injuries to her low back and right lower extremity. The injured worker was diagnosed as having right sacroiliitis, chronic back pain status post lumbar surgery, lumbar radiculopathy, cervical myofascial strain and lumbar myofascial strain. Patient is post laminectomy and discectomy of L4-5 in 2008 and 2010. Treatment to date has included injections, medications, diagnostic studies, physical therapy, massage therapy, heat/ice, TENS unit, traction, acupuncture and chiropractic treatment. On January 9th, 2015, the injured worker complained of pain in her low back, buttocks and hip. She reported more frequent spasms in her low back. There is also numbness in the low back with stabbing pain. Her right hip also hurts. She rated her low back pain as a 7 on a 1-10 pain scale. She has weakness and numbness into her bilateral lower extremities to her toes, right leg worse than left. She wears a lumbar corset for support and uses a single point cane for stability. Current medications listed are Norco 7.5mg 2 times a day, Oxycontin 30mg 3 times a day, Lexapro, Gabapentin, Soma, Lidopro, Cymbalta, Zaleplon, Klonopin and Sonata. The treatment plan included physical therapy, medications and follow-up visit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 7.5/325mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-78.

Decision rationale: Norco is acetaminophen with hydrocodone, an opioid. As per MTUS Chronic Pain Medical Treatment Guidelines, documentation requires appropriate documentation of analgesia, activity of daily living, adverse events and aberrant behavior. Documentation notes that patient has continued 7/10 pains despite being on multiple opioids. Documentation claims "50% reduction" in pain but there is no objective documentation such as improved function or reduction of other pain medications that is consistent with such claim. Patient is current taking over 135mg Morphine Equivalent Dose (MED) in OxyContin alone with exceeds the recommended maximum of 120mg MED. With addition of Norco, patient is on 150mg MED. Provider has documented plan for weaning. However, the number of tablets requested is not consistent with weaning. Norco is not medically necessary.

Neurontin 600mg, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs Page(s): 17.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs) Page(s): 18-19.

Decision rationale: According to the guidelines, Gabapentin (Neurontin) is an anti-epileptic drug with efficacy in neuropathic pain. It is most effective in polyneuropathic pain. The patient has been on this medication chronically with no documentation of actual benefit. There is no documentation of any objective improvement with only some vague reports of subjective improvement. Therefore, the requested Gabapentin is not medically necessary.

Oxycontin 30mg, #90: 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): 76-78.

Decision rationale: Oxycontin is an opioid. As per MTUS Chronic Pain Medical Treatment Guidelines, documentation requires appropriate documentation of analgesia, activity of daily living, adverse events and aberrant behavior. Documentation notes that patient has continued 7/10 pains despite being on multiple opioids. Documentation claims "50% reduction" in pain but there is no objective documentation such as improved function or reduction of other pain

medications that is consistent with such claim. Patient is current taking over 135mg Morphine Equivalent Dose(MED) in oxycontin alone with exceeds the recommended maximum of 120mg MED. With addition of Norco, patient is on 150mg MED. Provider has documented plan for weaning down for Norco but has no plans for such high dose Oxycontin. Patient's continued use of Oxycontin, exceed maximum recommended MED with no documentation of any objective benefit for the patient's pain or function. Continued use of Oxycontin is not supported by documentation and is not medically necessary.