

Case Number:	CM15-0085935		
Date Assigned:	05/08/2015	Date of Injury:	09/20/2004
Decision Date:	06/17/2015	UR Denial Date:	04/15/2015
Priority:	Standard	Application Received:	05/05/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 39 year old male, who sustained an industrial injury on 9/20/2004. He reported injuring his low back when carrying heavy, wet grout. Diagnoses have included spasm of muscle, spinal/lumbar degenerative disc disease, low back pain, lumbar radiculopathy and lumbar facet syndrome. Treatment to date has included lumbar medial branch block with no relief, epidural steroid injection, physical therapy, chiropractic treatment and medication. According to the progress report dated 3/26/2015, the injured worker complained of back pain radiating from his low back down his right leg. Pain level had increased since the last visit. The injured worker rated his pain with medications as 3/10. He rated his pain without medications as 8/10. The injured worker had a slow, antalgic gait. Exam of the lumbar spine revealed tenderness to palpation and restricted range of motion. Lumbar facet loading was positive on both sides. The injured worker was permanent and stationary and was not currently working. Authorization was requested for Oxycontin and Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) prescription of Oxycontin 20m #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use,(2) Opioids, dosing Page(s): 76-80, 86.

Decision rationale: The claimant has a remote history of a work injury occurring more than 10 years ago and continues to be treated for back pain radiating into the right lower extremity. Medications are referenced as decreasing pain from 8/10 to 3/10 with improved function and quality of life. Without medications he is described as unable to get out of bed. When seen, there was an antalgic gait and decreased lumbar spine range of motion. Facet loading was positive. Medications being prescribed include OxyContin and Norco and a total MED (morphine equivalent dose) of 120 mg per day. When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. OxyContin is a sustained release formulation and would be used to treat baseline pain which is present in this case. (hydrocodone/acetaminophen) is a short acting combination opioid often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. There are no identified issues of abuse or addiction and medications are providing pain relief. The total MED (morphine equivalent dose) is 120 mg per day consistent with guideline recommendations. Therefore, the continued prescribing of OxyContin was medically necessary.

One (1) prescription of Norco 10/325mg #180: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Acetaminophen.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, (2) Opioids, dosing Page(s): 76-80, 86.

Decision rationale: The claimant has a remote history of a work injury occurring more than 10 years ago and continues to be treated for back pain radiating into the right lower extremity. Medications are referenced as decreasing pain from 8/10 to 3/10 with improved function and quality of life. Without medications he is described as unable to get out of bed. When seen, there was an antalgic gait and decreased lumbar spine range of motion. Facet loading was positive. Medications being prescribed include OxyContin and Norco and a total MED (morphine equivalent dose) of 120 mg per day. When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Norco (hydrocodone/acetaminophen) is a short acting combination opioid often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. There are no identified issues of abuse or addiction and medications are providing pain relief. The total MED (morphine equivalent dose) is 120 mg per day consistent with guideline recommendations. Therefore, the continued prescribing of Norco was medically necessary.

