

Case Number:	CM14-0115069		
Date Assigned:	09/16/2014	Date of Injury:	03/29/1999
Decision Date:	10/24/2014	UR Denial Date:	06/18/2014
Priority:	Standard	Application Received:	07/22/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Texas and Ohio. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 54-year-old male who reported an injury on 03/29/1999. The mechanism of injury was a fall. He is diagnosed with lumbago. His past treatments were noted to include home exercises, chiropractic manipulation, physical therapy, and medications. The submitted clinical documentation shows that he has been taking Norco and OxyContin since at least 01/13/2014. On 05/27/2014, the injured worker presented with complaints of lower back pain with radiation to his lower leg. It was noted that he felt his medications helped him to be active and to perform his activities of daily living. He also indicated that his pain was 6/10 with medications as opposed to 10/10 without medications. His medications were noted to include Norco 10/325 mg and OxyContin 80 mg. The treatment plan included a urine drug screen and medication refills. His urine drug screen was noted to be positive for opiates and negative for other agents, which was consistent with his medications. A request was received for Norco 10/325 mg #180 and OxyContin 80 mg #270. The request for authorization form was submitted on 06/12/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg # 180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 9, 74, 78-97, 82, 86.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use, On-going Management Page(s): 78.

Decision rationale: According to the California MTUS Guidelines, ongoing use of opioid medications requires detailed documentation of pain relief, functional status, appropriate medication use, and adverse side effects. The clinical information submitted for review indicated that the injured worker has been taking OxyContin and Norco since at least 01/13/2014. His 05/27/2014 clinical note also indicated that he had adequate pain relief with the use of these medications which was specified as a decrease from 10/10 to 6/10 with medication use. Additionally, the documentation indicated that he was able to be more active in participating in exercise program and to perform his activities of daily living with use of the medications. Furthermore, he was noted to have consistent results on his urine drug screen performed at that visit. Based on this documentation, continued use of these medications would be supported. However, the request, as submitted, failed to include a frequency. Consequently, the request is not medically necessary.

Oxycontin 80mg # 270: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 9, 74, 78-97, 82, 86.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use, On-going Management Page(s): 78.

Decision rationale: According to the California MTUS Guidelines, ongoing use of opioid medications requires detailed documentation of pain relief, functional status, appropriate medication use, and adverse side effects. The clinical information submitted for review indicated that the injured worker has been taking OxyContin and Norco since at least 01/13/2014. His 05/27/2014 clinical note also indicated that he had adequate pain relief with the use of these medications which was specified as a decrease from 10/10 to 6/10 with medication use. Additionally, the documentation indicated that he was able to be more active in participating in exercise program and to perform his activities of daily living with use of the medications. Furthermore, he was noted to have consistent results on his urine drug screen performed at that visit. Based on this documentation, continued use of these medications would be supported. However, the request, as submitted, failed to include a frequency. Consequently, the request is not medically necessary.