

Case Number:	CM14-0126564		
Date Assigned:	09/10/2014	Date of Injury:	01/23/2003
Decision Date:	10/23/2014	UR Denial Date:	07/23/2014
Priority:	Standard	Application Received:	08/11/2014

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, has a subspecialty in Pain Medicine and is licensed to practice in California. 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 records presented for review indicate that this 49 year-old male was reportedly injured on 1/23/2003. The most recent progress note dated 8/26/2014, indicates that there are ongoing complaints of low back pain. Physical examination demonstrated no acute distress; diffuse tenderness to lumbar spine and bilateral SI joints; decreased lumbar spine range of motion with pain in extension; positive facet challenge bilaterally; decrease sensation in the L4, L5 and S1 dermatomes bilaterally; 4+/5 strength in the lower extremities bilaterally; positive straight leg raise. No recent diagnostic imaging studies available for review. A UDS dated 7/29/2014 was Abnormal, As There Is No Hydrocodone present; Oxycodone is present. Previous treatment includes lumbar spine fusion at L4-S1, spinal cord stimulator, acupuncture, therapy and medications to include OxyContin, Norco and Gabapentin. A request had been made for Norco 10/325 mg #90, and OxyContin 30 mg #60 (modified for #45), which were not certified in the utilization review on 7/22/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

HYDROCODONE/APAP 10/325MG #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-78, 88, 91.

Decision rationale: Norco (hydrocodone/acetaminophen) is a short acting opiate used for the management of intermittent moderate to severe breakthrough pain. The MTUS treatment guidelines support short-acting opiates at the lowest possible dose to improve pain and function, as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The claimant has chronic low back pain after a work-related injury in 2003. Review of the available medical records fails to document any objective or clinical improvement in their pain or function with the current medication regimen. In addition, a UDS dated 7/29/2014 showed no hydrocodone was present. As such, this request is not considered medically necessary.

OXYCONTIN 30MG #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 75, 78, 92, & 97.

Decision rationale: MTUS guidelines support long-acting opiates in the management of chronic pain when continuous around-the-clock analgesia is needed for an extended period of time. Management of opiate medications should include the lowest possible dose to improve pain and function, as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The claimant suffers from chronic low back pain after a work-related injury in 2003, followed by a lumbar spine fusion and spinal cord stimulator implantation. Review of the available medical records, fails to document clinical improvement in his pain level or function with the current treatment regimen. The current request is not considered medically necessary.