

Case Number:	CM14-0139106		
Date Assigned:	09/05/2014	Date of Injury:	10/03/2005
Decision Date:	10/09/2014	UR Denial Date:	07/30/2014
Priority:	Standard	Application Received:	08/27/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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:

This is a 38-year-old male with a 10/03/05 date of injury, when he injured his neck and lower back while was driving his car and was struck from behind by other vehicle. The patient was seen on 5/16/14 with complaints of back pain radiating down into the left leg. The patient rated his pain 3/10 with medications and 7/10 without medications and did not report any side effects. He was taking Norco 10-325 tab mg 1 tab every 4-6 hours as needed for pain, Gabapentin, Lidoderm, Oxycontin 40 mg 1 tab 3 times a day, Zanaflex, and other medications. Exam findings of the lumbar spine revealed flexion 80 degrees, extension 20 degrees, right lateral bending 15 degrees, right lateral bending 10 degrees and left and right lateral rotation 20 degrees. There was tenderness to palpation on the paravertebral muscles bilaterally. Straight leg raising test and FABER test were positive. The sensory examination was diminished to light touch over L4-S1 dermatomes on the left and the muscle strength was 5-/5 on the left and 5/5 on the right in the lower extremities. The diagnosis is lumbar radiculopathy and lumbar degenerative disorder. Treatment to date: epidural steroid injection, work restrictions and medications. An adverse determination was received on 7/30/14. The request for Norco 10/325mg tab #180 with 1 refill was modified to 1 prescription of Norco with no refills given that the continued documentation for the use of opioids was necessary. The request for Oxycontin 40mg TID #90 with 1 refill was modified to 1 prescription of Oxycontin with no refills given that the continued documentation for use of opioids was necessary and that the request exceeded the guideline recommendation of 120 MED.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg tab #180 with 1 Refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opiates
Page(s): 78-81.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The progress report dated 5/16/14 indicated that the patient was taking Norco 10-325 tab mg 1 tab every 4-6 hours as needed for pain and Oxycontin 40 mg 1 tab 3 times a day. Given the 2005 date of injury, the duration of opiate use to date is not clear. The UR decision dated 7/30/14 modified the request for Norco 10/325mg tab #180 with 1 refill to 1 prescription of Norco with no refills given that the continued documentation for the use of opioids was necessary and that the request exceeded the guideline recommendation of 120 MED. In addition, there is no rationale with regards to the need for an advanced refill of Norco. Therefore, the request for Norco 10/325mg tab #180 with 1 refill was not medically necessary.

Oxycontin 40mg TID #90 with 1 Refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Management of Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opiates
Page(s): 78-81.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The progress report dated 5/16/14 indicated that the patient was taking Norco 10-325 tab mg 1 tab every 4-6 hours as needed for pain and Oxycontin 40mg 1 tab 3 times a day. Given the 2005 date of injury, the duration of opiate use to date is not clear. The UR decision dated 7/30/14 modified the request for Oxycontin 40mg TID #90 with 1 refill to 1 prescription of Oxycontin with no refills given that the continued documentation for the use of opioids was necessary and that the request exceeded the guideline recommendation of 120 MED. In addition, there is no rationale with regards to the need for an advanced refill of Oxycontin. Therefore, the request for Oxycontin 40mg TID #90 with 1 refill was not medically necessary.