

Case Number:	CM14-0179948		
Date Assigned:	11/04/2014	Date of Injury:	06/24/1987
Decision Date:	12/17/2014	UR Denial Date:	10/08/2014
Priority:	Standard	Application Received:	10/29/2014

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 Occupational 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:

Patient is a 52 year-old male with date of injury 06/24/1987. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 09/29/2014, lists subjective complaints as pain in the low back. PR-2 supplied for review was handwritten and illegible. Objective findings: Examination of the lumbar spine revealed muscle spasms in the back, left greater than right. Range of motion was reduced. Diagnosis: 1. Failed back surgery, lack of fusion L5-S1. Original reviewer modified medication request to Oxycontin 30mg, #216 and modified trigger point request from five injections to four injections. The medical records supplied for review document that the patient has been taking the following medications for at least as far back as two years. Medications: 1. Oxycontin 30mg, #270 SIG: po q8. 2. Norco 10/325, #240 SIG: 2 po q4.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 30mg #270: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain, When to Continue Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-94.

Decision rationale: A previous utilization review decision provided the patient with sufficient quantity of medication to be weaned slowly off of narcotic. The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. Despite the long-term use of narcotics, the patient has reported very little functional improvement over the course of the last 2 years. Oxycontin 30mg #270 is not medically necessary.

Norco 10/325mg #240: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Norco; Opioids, Criteria for use; When to continue opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 60.

Decision rationale: According to the MTUS in regard to medications for chronic pain, only one medication should be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. A record of pain and function with the medication should be recorded. According to this citation from the MTUS, medications should not be initiated in a group fashion, and specific benefit with respect to pain and function should be documented for each medication. The patient has been taking both OxyContin and Norco. Norco 10/325mg #240 is not medically necessary.

Labs, including CBC, chemistry panel, and testosterone level: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Routine suggested monitoring, Testosterone replacement for hypogon. Decision based on Non-MTUS Citation Dohle GR, Arver S, Bettocchi C, Kliesch S, Punab M, de Ronde W. Guidelines on male hypogonadism. Arnhem (The Netherlands): European Association of Urology; 2012 Feb. 28 p. (118 references)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304.

Decision rationale: The ACOEM Practice Guidelines do not recommend routine laboratory testing as a technique to identify or define low back pathology except in cases where cancer is suspected as the pain generator or cause of symptoms. (Table 12-7) Labs, including CBC, chemistry panel, and testosterone level are not medically necessary.

5 trigger point injections 10cc: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point Injections, Criteria for the use of Trigger Point In.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 122.

Decision rationale: The MTUS states that trigger point injections are recommended only for myofascial pain syndrome with limited lasting value and not recommended for radicular pain. In addition, the previous utilization review physician reduced the number of trigger point injections from 5 to 4. Five trigger point injections 10cc are not medically necessary.