

Case Number:	CM14-0080695		
Date Assigned:	07/18/2014	Date of Injury:	11/01/2005
Decision Date:	10/08/2014	UR Denial Date:	05/22/2014
Priority:	Standard	Application Received:	06/02/2014

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 Nevada. 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 43-year-old gentleman was reportedly injured on November 1, 2005 while bending over to lift a box. The most recent progress note, dated May 12, 2014, indicates that there are ongoing complaints of low back pain radiating to the right lower extremity. Pain is rated at 10/10 without medications and 7/10 with medications. Current medications include OxyContin, Norco, Ibuprofen, Prevacid, Baclofen, Zofran, Lunesta, and Zoloft. The injured employee stated to be more functional with the use of medications. The physical examination demonstrated decreased lumbar spine range of motion and decreased sensation at the lateral left calf and the bottom of the left foot. Decreased sensation was also noted at the right lateral calf and foot. Spasms were noted along the lumbar spine. Diagnostic imaging studies were not reviewed during this visit. Previous treatment includes a lumbar spine laminectomy at L4 - L5 and L5 - S1. A request had been made for OxyContin 80 mg, Norco 10/325, and Zoloft 100 mg and was not certified in the pre-authorization process on May 22, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prospective request for 1 prescription of Oxycontin 80mg #60.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Oxycontin (Oxycodone); Opioids, Criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (Effective July 18, 2009) Page(s): 74, 78, 93.

Decision rationale: According to the progress note dated May 12, 2014, with the injured employee's current usage of OxyContin and Norco, his daily Morphine equivalent dosage is 290 mg. This is over twice the 120 mg recommended limit. Considering this, the request for OxyContin 80 mg is not medically necessary.

Norco 10/325mg #140.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, and Criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (Effective July 18, 2009) Page(s): 74-78, 88, 91.

Decision rationale: According to the progress note dated May 12, 2014, with the injured employee's current usage of OxyContin and Norco, his daily Morphine equivalent dosage is 290 mg. This is over twice the 120 mg recommended limit. Considering this, this request for Norco 10/325 is not medically necessary.

Prospective request for 1 prescription of Zoloft 100mg #60.: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness & Stress.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (Effective July 18, 2009) Page(s): 13.

Decision rationale: According to the progress note dated May 12, 2014, the injured employee has complaints of radicular symptoms and there are radicular findings on physical examination. The injured employee states that Zoloft helps his neuropathic pain. The California Chronic Pain Medical Treatment Guidelines recommends the use of antidepressants for neuropathic pain. As such this request for Zoloft is medically necessary.