

Case Number:	CM14-0124895		
Date Assigned:	08/11/2014	Date of Injury:	01/21/1998
Decision Date:	05/28/2015	UR Denial Date:	07/29/2014
Priority:	Standard	Application Received:	08/07/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: New York

Certification(s)/Specialty: Neurological Surgery

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 51 year old female, who sustained an industrial injury on January 21, 1998. The injured worker has been treated for neck and back complaints. The diagnoses have included lumbar intervertebral disc disease, chronic pain syndrome, pelvic pain, headache and major depression. Treatment to date has included medications, radiological studies and physical therapy. Current documentation dated July 14, 2014 notes that the injured worker reported back, leg pain and bilateral groin pain. Physical examination revealed lumbar tenderness, lumbar spasms and bilateral aching groin pain. The treating physician's plan of care included a request for a consultation with a neurosurgeon for lower back and groin pain and the medications Oxycontin 40 mg, Norco 10 mg and Oxycontin 30 mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Consultation with Neurosurgeon for lower back/groin pain: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 288, 305-306.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-307.

Decision rationale: The California MTUS guidelines recommend surgery consultation when the patient has had severe persistent, debilitating lower extremity complaints referable to a specific nerve root or spinal cord level corroborated by clear imaging, clinical examination and electrophysiological studies. Documentation provides no evidence of this assurance. The guidelines note the patient would have failed a trial of conservative therapy. The guidelines note the surgical repair proposed for the lesion must have evidence of efficacy both in the short and long term. The documentation shows clinicians have characterized this patient's chronic pain problem as evidence of narcotic overusage and unwillingness to change behavior. The requested treatment: 1 Consultation with Neurosurgeon for lower back/groin pain is NOT medically necessary and appropriate.

1 Prescription of Oxycontin 40mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Oxycontin Page(s): 92.

Decision rationale: The documentation shows clinicians have characterized this patient's chronic pain problem as evidence of narcotic overusage and unwillingness to change behavior. Documentation shows the patient takes up to 360 mg of oxycontin a day when the MTUS recommendations are the patient start with 5 or 10 mg. once to twice a day. The recommendations note oxycontin was not advised to be a prn drug. The patient has refused to cooperate with weaning programs according the documentation. The MTUS guidelines do recommend that weaning be directed when there is no overall improvement in function. The requested treatment: 1 Prescription of Oxycontin 40mg is NOT medically necessary and appropriate. The frequency of refills is not addressed nor how often the patient may self administer the opioid.

1 Prescription of Norco 10mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opiods Page(s): 76-78.

Decision rationale: The documentation shows the patient spends the majority of her time in bed despite taking large amounts of opioids. The MTUS guidelines do not recommend the patient take the second line opioids in treatment of her pain without evidence of functional improvement. Documentation shows the patient has characterized her evaluations and their recommendations in pejorative terms. The guidelines do recommend that opioids can be

continued if the patient shows functional improvement and has returned to work. The documentation shows no evidence of this. The requested treatment: 1 Prescription of Norco 10mg is NOT medically necessary and appropriate.

1 Prescription of Oxycontin 30mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 75-78.

Decision rationale: The documentation shows clinicians have characterized this patient's chronic pain problem as evidence of narcotic overusage and unwillingness to change behavior. Documentation shows the patient takes up to 360 mg of oxycontin a day when the MTUS recommendations are the patient start with 5 or 10 mg. once to twice a day. The recommendations note oxycontin was not advised to be a prn drug. The patient has refused to cooperate with weaning programs according the documentation. The MTUS guidelines do recommend that weaning be directed when there is no overall improvement in function. The requested treatment: 1 Prescription of Oxycontin 30mg is NOT medically necessary and appropriate. The frequency of refills is not addressed nor how often the patient may self administer the opioid.