

Case Number:	CM14-0212314		
Date Assigned:	02/05/2015	Date of Injury:	05/01/2002
Decision Date:	03/24/2015	UR Denial Date:	12/12/2014
Priority:	Standard	Application Received:	12/18/2014

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: North Carolina, Georgia
 Certification(s)/Specialty: Family Practice

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 a 58 year old female who sustained an industrial injury on 05/01/02. She reports low back pain. Treatments to date include conservative care and a lumbar laminectomy. Diagnoses include degenerative disc disease of the lumbar spine, post lumbar laminectomy syndrome, and failed lumbar laminectomy syndrome. In a progress report dated 11/12/14 the treating provider reports persistent erythema in the same distribution as the postoperative dressing. The treatment plan consists of narcotics and muscle relaxants. On 12/14/14 Utilization Review non-certified Oxycodone, OxyContin, and Duragesic citing MTUS guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Oxycontin 80mg #45: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section 2 Page(s): 74-89.

Decision rationale: CA MTUS allows for the use of opioid medication, such as Norco, for the management of chronic pain and outlines clearly the documentation that would support the need for ongoing use of an opioid. These steps include documenting pain and functional improvement using validated measures at 6 months intervals, documenting the presence or absence of any adverse effects, documenting the efficacy of any other treatments and of any other medications used in pain treatment. MED should not exceed 120. The medical record in this case describes ongoing 7/10 pain in spite of medication use and does not document any functional improvement. The MED of all medications far exceeds the 120 recommendation and weaning has been recommended. Therefore, the record does not support medical necessity of ongoing opioid therapy with Oxycontin 80 mg # 45.

1 prescription of Oxycontin 40mg #45: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section 2 Page(s): 74-89.

Decision rationale: CA MTUS allows for the use of opioid medication, such as Norco, for the management of chronic pain and outlines clearly the documentation that would support the need for ongoing use of an opioid. These steps include documenting pain and functional improvement using validated measures at 6 months intervals, documenting the presence or absence of any adverse effects, documenting the efficacy of any other treatments and of any other medications used in pain treatment. MED should not exceed 120. The medical record in this case describes ongoing 7/10 pain in spite of medication use and does not document any functional improvement. The MED of all medications far exceeds the 120 recommendation and weaning has been recommended. Therefore, the record does not support medical necessity of ongoing opioid therapy with oxycontin 40 mg # 45.

1 prescription of Oxycodone 30mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section 2 Page(s): 74-89.

Decision rationale: CA MTUS allows for the use of opioid medication, such as Norco, for the management of chronic pain and outlines clearly the documentation that would support the need for ongoing use of an opioid. These steps include documenting pain and functional improvement using validated measures at 6 months intervals, documenting the presence or absence of any adverse effects, documenting the efficacy of any other treatments and of any other medications used in pain treatment. MED should not exceed 120. The medical record in this case describes ongoing 7/10 pain in spite of medication use and does not document any functional improvement. The MED of all medications far exceeds the 120 recommendation and weaning has

been recommended. Therefore, the record does not support medical necessity of ongoing opioid therapy with oxycodone 30 mg # 60.

1 prescription of Oxycontin 80mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section 2 Page(s): 74-89.

Decision rationale: CA MTUS allows for the use of opioid medication, such as Norco, for the management of chronic pain and outlines clearly the documentation that would support the need for ongoing use of an opioid. These steps include documenting pain and functional improvement using validated measures at 6 months intervals, documenting the presence or absence of any adverse effects, documenting the efficacy of any other treatments and of any other medications used in pain treatment. MED should not exceed 120. The medical record in this case describes ongoing 7/10 pain in spite of medication use and does not document any functional improvement. The MED of all medications far exceeds the 120 recommendation and weaning has been recommended. Therefore, the record does not support medical necessity of ongoing opioid therapy with oxycontin 80 mg # 90.

1 prescription of Oxycontin 40mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section 2 Page(s): 74-89.

Decision rationale: CA MTUS allows for the use of opioid medication, such as Norco, for the management of chronic pain and outlines clearly the documentation that would support the need for ongoing use of an opioid. These steps include documenting pain and functional improvement using validated measures at 6 months intervals, documenting the presence or absence of any adverse effects, documenting the efficacy of any other treatments and of any other medications used in pain treatment. MED should not exceed 120. The medical record in this case describes ongoing 7/10 pain in spite of medication use and does not document any functional improvement. The MED of all medications far exceeds the 120 recommendation and weaning has been recommended. Therefore, the record does not support medical necessity of ongoing opioid therapy with oxycontin 40 mg # 90.

1 prescription of Oxycodone 30mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section 2 Page(s): 74-89.

Decision rationale: CA MTUS allows for the use of opioid medication, such as Norco, for the management of chronic pain and outlines clearly the documentation that would support the need for ongoing use of an opioid. These steps include documenting pain and functional improvement using validated measures at 6 months intervals, documenting the presence or absence of any adverse effects, documenting the efficacy of any other treatments and of any other medications used in pain treatment. MED should not exceed 120. The medical record in this case describes ongoing 7/10 pain in spite of medication use and does not document any functional improvement. The MED of all medications far exceeds the 120 recommendation and weaning has been recommended. Therefore, the record does not support medical necessity of ongoing opioid therapy with oxycodone 30 mg #120.

1 prescription of Duragesic 100mg #10: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section 2 Page(s): 74-89.

Decision rationale: CA MTUS allows for the use of opioid medication, such as Norco, for the management of chronic pain and outlines clearly the documentation that would support the need for ongoing use of an opioid. These steps include documenting pain and functional improvement using validated measures at 6 months intervals, documenting the presence or absence of any adverse effects, documenting the efficacy of any other treatments and of any other medications used in pain treatment. MED should not exceed 120. The medical record in this case describes ongoing 7/10 pain in spite of medication use and does not document any functional improvement. The MED of all medications far exceeds the 120 recommendation and weaning has been recommended. Therefore, the record does not support medical necessity of ongoing opioid therapy with Duragesic 100 mcg #10.

1 prescription of Duragesic 100mcg #15: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section 2 Page(s): 74-89.

Decision rationale: CA MTUS allows for the use of opioid medication, such as Norco, for the management of chronic pain and outlines clearly the documentation that would support the need for ongoing use of an opioid. These steps include documenting pain and functional improvement using validated measures at 6 months intervals, documenting the presence or absence of any adverse effects, documenting the efficacy of any other treatments and of any other medications

used in pain treatment. MED should not exceed 120. The medical record in this case describes ongoing 7/10 pain in spite of medication use and does not document any functional improvement. The MED of all medications far exceeds the 120 recommendation and weaning has been recommended. Therefore, the record does not support medical necessity of ongoing opioid therapy with Duragesic 100 mcg #15.