

Case Number:	CM14-0215561		
Date Assigned:	01/05/2015	Date of Injury:	07/31/2007
Decision Date:	02/25/2015	UR Denial Date:	12/09/2014
Priority:	Standard	Application Received:	12/23/2014

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: California, Massachusetts

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 reported an injury on 07/31/07 resulting in a lumbar decompression surgery at L4-5, L5-S1 on 09/22/14. Prior to this she underwent an L4-5 interbody and posterolateral fusion on 10/21/13. Diagnoses have included lumbar spinal stenosis, myofascial pain, severe anxiety and severe neuropathic pain with chronic pain syndrome. According to 7/2/14 pain consultant note, she reports her back pain continues to persist and that she has increased pain over the past three days. On physical exam she ambulates slowly and has full strength on lower extremity exam. Impressions are lumbar degenerative disk disease, history of migraines, fibromyalgia and chronic pain syndrome with neuropathic pain. Plan is to continue with Xanax three times daily, soma, and to start functional restoration program. She attended a 20 session functional restoration program throughout July, 2014. According to 12/2/14 clinic note, she reported having significant amount of pain which she was using heat and ice as well as dilaudid. On physical exam she has tenderness on palpation to her lumbar paraspinals including her left buttock. There is full strength and she is able to ambulate with a walker. Plan is to continue with Norco 10/325mg 8 tabs daily for breakthrough pain, and switch from Dilaudid to Oxycontin 20mg three times daily for pain control. Plan is to also continue cymbalta 60mg once daily, xanax 0.5mg three times daily and Soma 350mg 4 times daily. According to 12/16/14 supplemental report by the treating physician, he believes that while dilaudid was no longer effective he believed that starting oxycontin would be effective. The MD reports that the patient has "the four A's for ongoing monitoring for opioid treatment. She has good analgesia, is able to

function, has no aberrant behavior and no adverse reactions". However, there is no note of the patient having improvement of pain symptoms or is there any evidence of opioid drug screening.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 20 mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77-78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-79.

Decision rationale: CA MTUS guidelines require that criteria for continued long-term use of opioids require ongoing review and documentation of pain relief, functional status improvement, appropriate use, screening of side effects and risk for abuse, diversion and dependence. From my review of the provided medical records there is lacking a description of quantifiable improvement with ongoing long-term use of short acting opioids such as the prescribed medication. VAS score has stayed unchanged with no noted improvement in objective physical exam findings or functional capacity. Additionally there are no UDS noted in the clinic record to confirm compliance with prescribed treatment. Consequently continued use of long acting opioids is not supported by the medical records and guidelines as being medically necessary.

Norco 10/325 mg #240: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77-78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-79.

Decision rationale: CA MTUS guidelines require that criteria for continued long-term use of opioids require ongoing review and documentation of pain relief, functional status improvement, appropriate use, screening of side effects and risk for abuse, diversion and dependence. From my review of the provided medical records there is lacking a description of quantifiable improvement with ongoing long-term use of short acting opioids such as the prescribed medication. VAS score has stayed unchanged with no noted improvement in objective physical exam findings or functional capacity. Additionally there are no UDS noted in the clinic record to confirm compliance with prescribed treatment. Consequently continued use of short acting opioids is not supported by the medical records and guidelines as being medically necessary.