

Case Number:	CM14-0218135		
Date Assigned:	01/07/2015	Date of Injury:	12/17/2001
Decision Date:	03/09/2015	UR Denial Date:	12/18/2014
Priority:	Standard	Application Received:	12/30/2014

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 is a 53 year old male with a date of injury of December 17, 2001. Results of the injury include low back pain. Diagnosis included postlaminectomy syndrome of the lumbar region, degeneration of lumbar or lumbosacral intervertebral disc, other symptoms referable to back, displacement of lumbar intervertebral disc without myelopathy, thoracic or lumbosacral neuritis or radiculitis, unspecified, chronic pain syndrome, degeneration of cervical intervertebral disc, myalgia and myositis, unspecified, and lumbar facet joint pain. Treatment has included medications, heat, ice, rest, gentle stretching exercise, and epidural steroid injection with relief. Magnetic Resonance Imaging (MRI) scan of the lumbar spine dated August 6, 2008 revealed mild disc degeneration at L2-3 and L3-4. Prior hemilaminotomy at L4-5 and L5-S1. Lumbar facet arthrosis L2, L3, L4, and L5. Lumbar bilateral neuroforaminal stenosis at L4-5 and L5-S1. MRI of the cervical spine dated November 21, 2008 shows at C5-6 revealed there is a right lateral disc protrusion causing spinal stenosis and minimal disc bulge at C6-7 causing mild spinal stenosis. Progress report dated November 3, 2014 showed lumbar flexion to be limited to 50 %, lumbar extension was limited to 80 %. Lumbar rotation was limited by guarding and pain elicited across low back and buttocks restricted to 30 % bilaterally. There was decreased left lower extremity motor strength. The treatment plan included medications, heat, ice, rest, gentle stretching/exercise, follow up, and bilateral L4-5 lumbar ESI. Utilization review form dated December 18, 2014 modified OxyContin 40 mg tid 90 tablets and Norco 10/325 mg 1 tab po qid prn 120 tablets according to MTUS treatment guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 40 MG TID #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use & Opioids, dosing Page(s): 76-80 & 86.

Decision rationale: Oxycontin 40 MG TID #90 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS Chronic Pain Medical Treatment Guidelines state that a pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The MTUS does not support ongoing opioid use without improvement in function or pain. The documentation submitted reveals that the patient has been on long term opioids without significant functional improvement. Additionally, the MTUS recommends that dosing not exceed 120 mg oral morphine equivalents per day, and for patients taking more than one opioid, the morphine equivalent doses of the different opioids must be added together to determine the cumulative dose. There is no evidence that the opioids according to the MTUS, which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract, and not greater than the recommended Morphine equivalent dose of 120mg daily. For these reasons Oxycontin 40mg TID #90 is not medically necessary.

Norco 10/325 MG Every 4-6 Hours #150: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use & Opioids, dosing Page(s): 76-80 & 86.

Decision rationale: Norco 10/325 MG Every 4-6 Hours #150 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS Chronic Pain Medical Treatment Guidelines state that a pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The MTUS does not support ongoing opioid use without improvement in function or pain. The documentation submitted reveals that the patient has been on long term opioids without significant functional improvement. Additionally, the MTUS recommends that dosing not exceed 120 mg oral morphine equivalents per day, and for patients taking more than

one opioid, the morphine equivalent doses of the different opioids must be added together to determine the cumulative dose. There is no evidence that the opioids according to the MTUS, which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract, and not greater than the recommended Morphine equivalent dose of 120mg daily . For these reasons the request for Norco 10/325 MG Every 4-6 Hours #150 is not medically necessary.