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| Case Number: | CM14-0218800 | | |
| Date Assigned: | 01/08/2015 | Date of Injury: | 10/28/2010 |
| Decision Date: | 03/12/2015 | UR Denial Date: | 12/05/2014 |
| 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: California, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 52-year-old male who reported an injury on 10/26/2010. The mechanism of injury was not provided. On 11/19/2014, the injured worker presented for a followup post L4-5 laminectomy on 05/29/2014. Other therapies included medications, physical therapy, the use of a TENS unit, deep tissue massage, trigger point injections, and epidural injections. The injured worker has a history of deep tissue massage, trigger point injections, and epidural steroid injections. Current medications included Norco and OxyContin. He was noted to have signed a current pain contract and had been compliant with urine drug screening. The diagnoses were post right shoulder surgery with repair of right rhomboid muscle and latissimus dorsi performed on 05/01/2013, history of traumatic avulsion of the right rhomboid muscle, and status post L4-5 microdiscectomy in 11/2007 with a redo of the L4-5 laminectomy on 05/29/2014. Examination of the right shoulder revealed range of motion still intact, stiff with tenderness over the right rhomboid and latissimus dorsi with 1+ spasm. There was mild hyperpathia over the scar. Examination of the lumbar spine revealed minimal tenderness to palpation with no muscle spasm and a negative twitch response. Examination of the lower extremity revealed a well healed surgical scar over the left ankle with decreased dorsiflexion and plantarflexion of the left ankle compared to the right. The treatment plan included OxyContin 30 mg and Norco 10/325 mg. The provider stated that OxyContin was for baseline pain control and Norco for moderate to severe breakthrough pain. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 30mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use. Page(s): 78.

Decision rationale: The request for OxyContin 30 mg #60 is not medically necessary. The California MTUS state that opioids are recommended for ongoing management of chronic pain. There should be evidence of a pain agreement, compliance with a urine drug screen test, and objective functional improvement with decreased pain with the use of the medication. The injured worker was noted to be consistent with the medication regimen with evidence of a 11/19/2014 urine drug screen. Additionally, the provider stated that a pain contract was signed. The provider stated that the injured worker has an increase in function and decrease in pain with the current use of the medication. The injured worker rates his pain as 3/10 with the use of medications and 8/10 without medications. The medications allow for him to perform activities of daily living, including use of the the right upper extremity. Based on all of the above, the continued use of this medication would be supported. However, the provider's request as submitted does not indicate the frequency of the medication. As such, medical necessity has not been established.

Norco 10/325mg, #150: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use. Page(s): 78.

Decision rationale: The request for Norco 10/325 mg #150 is not medically necessary. The California MTUS state that opioids are recommended for ongoing management of chronic pain. There should be evidence of a pain agreement, compliance with a urine drug screen test, and objective functional improvement with decreased pain with the use of the medication. The injured worker was noted to be consistent with the medication regimen with evidence of a 11/19/2014 urine drug screen. Additionally, the provider stated that a pain contract was signed. The provider stated that the injured worker has an increase in function and decrease in pain with the current use of the medication. The injured worker rates his pain as 3/10 with the use of medications and 8/10 without medications. The medications allow for him to perform activities of daily living, including use of the right upper extremity. Based on all of the above, the continued use of this medication would be supported. However, the provider's request as submitted does not indicate the frequency of the medication. As such, medical necessity has not been established.

