

Case Number:	CM15-0103635		
Date Assigned:	06/08/2015	Date of Injury:	06/01/2005
Decision Date:	07/07/2015	UR Denial Date:	05/18/2015
Priority:	Standard	Application Received:	05/29/2015

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

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 is a 61 year old female who reported an industrial injury on 6/1/2005. Her diagnoses, and/or impressions, are noted to include: chronic pain syndrome; lumbar radiculitis; lumbar degenerative disc disease; low back pain; and depression. No current imaging studies are noted. Her treatments have included medication management with toxicology screenings; and rest from work as she is noted as retired. The progress notes of 5/8/2015 reported a re-evaluation regarding no changes in her radiating low back pain to the legs, thigh and right foot, associated with numbness, aggravated by activities and improved by aquatic therapy, injections, rest and medications, which decrease her pain by 50%. Objective findings were noted to include diminished sensation in the left thigh; tenderness over the para-spinals bilaterally; increased pain with flexion; and positive bilateral straight leg raise. The physician's requests for treatments were noted to include the continuation of Oxycontin and Norco to help with pain and increase her function.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 30mg #90: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80/86.

Decision rationale: MTUS Guidelines support the closely monitored use of opioids if there use meets specific standards. These standards include meaningful pain relief, improvement in function as a result of use and the lack of drug related aberrant behaviors. It is clearly documented that this individual meets these standards. The Guidelines discourage high dose opioids, but do not preclude them if they are beneficial and monitored by a physician experienced in chronic pain management. The Guideline standards have been met. Under these circumstances, the Oxycontin 30mg #90 is supported by Guidelines and is medically necessary.

Norco 10/325mg #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80, 86.

Decision rationale: MTUS Guidelines support the closely monitored use of opioids if there use meets specific standards. These standards include meaningful pain relief, improvement in function as a result of use and the lack of drug related aberrant behaviors. It is clearly documented that this individual meets these standards. The Guidelines discourage high dose opioids, but do not preclude them if they are beneficial and monitored by a physician experienced in chronic pain management. The Guideline standards have been met. Under these circumstances, the Norco 10/325 #60 is supported by Guidelines and is medically necessary.