

Case Number:	CM15-0010111		
Date Assigned:	01/27/2015	Date of Injury:	07/01/2005
Decision Date:	03/18/2015	UR Denial Date:	01/12/2015
Priority:	Standard	Application Received:	01/19/2015

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: Texas, California
 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:

This is a 58 year old female patient, who sustained an industrial injury on 7/1/05. He/She sustained the injury due to repetitive stress. The diagnoses include chronic pain, cervical spondylosis and lumbar spondylosis. Per the doctor's note dated 1/15/2015, she had complaints of ongoing low back pain. The physical examination revealed tenderness over lumbar facet joints and pain with lumbar extension. Per the PR2 dated 12/18/14, she had complaints of ongoing pain in the neck, back and hands. She indicated that her current pain medications help her remain functional and is able to continue home exercise program. The physical examination revealed tenderness over the cervical facet joints, pain with cervical extension, right hand slightly edematous and wrapped. The medications list includes norco and oxycontin. Per the records provided she has also tried other medications including NSAIDs, muscle relaxant and anticonvulsants for chronic pain. She has had multiple diagnostic studies including cervical MRI on 4/14/2011 and lumbar MRI on 7/5/2011 and EMG/NCS of lower extremity on 10/5/2011. She has undergone right thumb surgery on 12/21/2012 and cervical fusion in 4/2008. She has had medial branch blocks, radiofrequency ablations and left sacroiliac joint injection for this injury. She has had last urine drug screen on 10/23/2014 which was consistent with treatment. She has had physical therapy visits and psychotherapy for this injury. The treating physician requested Oxycontin 10mg #30 and Norco 10/325mg #30. On 1/12/15 Utilization Review modified a request Oxycontin 10mg #30 to Oxycontin 10mg #27 and Norco 10/325mg #30 to Norco 10/325mg #27. The UR physician cited the MTUS guidelines for chronic pain treatment. On

1/16/15, the injured worker submitted an application for IMR for review of Oxycontin 10mg #30 and Norco 10/325mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Oxycontin 10 mg DOS 12/18/14: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): Page 76-80. Decision based on Non-MTUS Citation Chapter: Pain (updated 02/23/15) Opioids, criteria for use Oxycodone is an opioid analgesic.

Decision rationale: Request: Retrospective request for Oxycontin 10 mg DOS 12/18/14. According to CA MTUS guidelines cited above, 'A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals.' The records provided did not specify that that patient has set goals regarding the use of opioid analgesic. The treatment failure with non-opioid analgesics was not specified in the records provided. Other criteria for ongoing management of opioids are: 'The lowest possible dose should be prescribed to improve pain and function. Continuing review of overall situation with regard to non-opioid means of pain control. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs.' The records provided did not provide a documentation of response in regards to pain control and objective functional improvement to opioid analgesic for this patient. The continued review of the overall situation with regard to non-opioid means of pain control was not documented in the records provided. Response to antidepressants and other lower potency opioids like tramadol or tapentadol for chronic pain was not specified in the records provided. As recommended by the cited guidelines a documentation of pain relief, functional status, appropriate medication use, and side effects should be maintained for ongoing management of opioid analgesic, these are not specified in the records provided. This patient did not meet criteria for ongoing continued use of opioids analgesic. The medical necessity of retrospective request for Oxycontin 10 mg DOS 12/18/14 was not established for this patient.

Retrospective request for Norco 10/325 mg DOS 12/18/14: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-80. Decision based on Non-MTUS Citation Chapter: Pain (updated 02/23/15) Opioids, criteria for use

Decision rationale: Request: Retrospective request for Norco 10/325 mg DOS 12/18/14. Norco contains hydrocodone and acetaminophen. Hydrocodone is an opioid analgesic. According to CA MTUS guidelines cited above, 'A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals.' The records provided did not specify that that patient has set goals regarding the use of opioid analgesic. The treatment failure with non-opioid analgesics was not specified in the records provided. Other criteria for ongoing management of opioids are: 'The lowest possible dose should be prescribed to improve pain and function. Continuing review of overall situation with regard to nonopioid means of pain control. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs.' The records provided did not provide a documentation of response in regards to pain control and objective functional improvement to opioid analgesic for this patient. The continued review of the overall situation with regard to non-opioid means of pain control was not documented in the records provided. Response to antidepressant and other lower potency opioids like tramadol or tapentadol for chronic pain was not specified in the records provided. As recommended by the cited guidelines a documentation of pain relief, functional status, appropriate medication use, and side effects should be maintained for ongoing management of opioid analgesic, these are not specified in the records provided. This patient did not meet criteria for ongoing continued use of opioids analgesic. The medical necessity of Retrospective request for Norco 10/325 mg DOS 12/18/14 was not established for this patient.