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| Case Number: | CM15-0010850 | | |
| Date Assigned: | 01/28/2015 | Date of Injury: | 05/10/2010 |
| Decision Date: | 03/24/2015 | UR Denial Date: | 01/07/2015 |
| Priority: | Standard | Application Received: | 01/20/2015 |

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: Arizona, Michigan

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 68 year old female with an industrial injury dated 10/19/1988 and 2010. She presents on 11/24/2014 for follow up complaining of bilateral shoulder and low back pain which radiates to her bilateral lower extremities. Physical exam revealed normal bilateral lower extremity strength at 5/5 and sensation was intact. There was tenderness in the lumbar spine and pain with flexion and extension. She walked with a cane. Prior treatment includes lumbar epidural steroid injection done on 07/08/2014 with 50% pain relief for 3 months. Other treatments include massage therapy, chiropractic treatments and medications. Lumbar MRI was done on 07/01/2014 and report is documented in the 11/24/2014 note. Diagnoses are myalgia, drug induced constipation, lumbar radiculopathy, lumbar degenerative disc disease, chronic pain syndrome and bilateral shoulder pain. On 01/07/2015 utilization review non-certified the request for Norco 10/325 mg # 180. MTUS was cited. Percocet 10/325 mg # 45 was non-certified. MTUS was cited. Oxycontin 30 mg # 30 was non-certified. MTUS was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg per 12/29/14 form QTY:180.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Page(s): 74-96.

Decision rationale: The MTUS recommends specific documentation guidelines for ongoing treatment with opioids and recommends discontinuing if there is no overall improvement in function unless there are extenuating circumstances. Ongoing management monitoring include the 4 A's which include analgesia, activities of daily living, adverse side effects and aberrant drug taking behaviors. Opioids should be continued if the patient has returned to work and if the patient has improved functioning and pain. Long term users should be reassessed following specific criteria as listed in the MTUS, and hyperalgesia should always be considered whenever there is a change in pain pattern or persistence in pain at higher levels than expected, in which situation weaning is recommended as opposed to escalating the dose. A review of the injured workers medical records show that she is on multiple opioids, she is having persistent pain and she does not appear to be having a satisfactory response to opioids, She also has several side effects from opioid use necessitating additional medication use, therefore based on her clinical presentation and the guidelines the request for Norco 10/325mg per 12/29/14 form QTY:180.00 is not medically necessary.

Percocet 10/325mg, per 12/29/2014: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 92.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Page(s): 74-96.

Decision rationale: The MTUS recommends specific documentation guidelines for ongoing treatment with opioids and recommends discontinuing if there is no overall improvement in function unless there are extenuating circumstances. Ongoing management monitoring include the 4 A's which include analgesia, activities of daily living, adverse side effects and aberrant drug taking behaviors. Opioids should be continued if the patient has returned to work and if the patient has improved functioning and pain. Long term users should be reassessed following specific criteria as listed in the MTUS, and hyperalgesia should always be considered whenever there is a change in pain pattern or persistence in pain at higher levels than expected, in which situation weaning is recommended as opposed to escalating the dose. A review of the injured workers medical records show that she is on multiple opioids, she is having persistent pain and she does not appear to be having a satisfactory response to opioids, She also has several side effects from opioid use necessitating additional medication use, therefore based on her clinical presentation and the guidelines the request for Percocet 10/325mg, per 12/29/2014 is not medically necessary.

Oxycontin 30mg, per 12/29/2014 form QTY: 30.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 92.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Page(s): 74-96.

Decision rationale: The MTUS recommends specific documentation guidelines for ongoing treatment with opioids and recommends discontinuing if there is no overall improvement in function unless there are extenuating circumstances. Ongoing management monitoring include the 4 A's which include analgesia, activities of daily living, adverse side effects and aberrant drug taking behaviors. Opioids should be continued if the patient has returned to work and if the patient has improved functioning and pain. Long term users should be reassessed following specific criteria as listed in the MTUS, and hyperalgesia should always be considered whenever there is a change in pain pattern or persistence in pain at higher levels than expected, in which situation weaning is recommended as opposed to escalating the dose. A review of the injured workers medical records show that she is on multiple opioids, she is having persistent pain and she does not appear to be having a satisfactory response to opioids, She also has several side effects from opioid use necessitating additional medication use, therefore based on her clinical presentation and the guidelines the request for Oxycontin 30mg, per 12/29/2014 form QTY:30.00 is not medically necessary.