

Case Number:	CM15-0013604		
Date Assigned:	02/02/2015	Date of Injury:	08/19/2011
Decision Date:	03/18/2015	UR Denial Date:	01/19/2015
Priority:	Standard	Application Received:	01/23/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 (IW) is a 43 year old male who sustained an industrial injury on 08/19/2011. He has reported pain in the low back with radiation to the left leg and right buttock. Diagnoses include disc displacement and constipation. Treatments to date include diagnostic x-rays and MRI's, physical therapy and surgery medications and medication management. In a physician report of 12/15/2014, there is tenderness noted on percussion of the left low back, and a normal neurologic exam. On 01/19/2015 Utilization Review modified a request for Norco 10/325 mg,# 240 count to Norco 10/325 mg,# 180, non-certifying the remaining Norco 10/325 mg,# 60, noting that based on the currently available information, the medical need for the continued use of these narcotics has not been established. The MTUS Chronic Pain was cited. On 01/19/2015 Utilization Review modified a request for Oxycontin ER 30 mg, # 60 to Oxycontin ER 30 mg #45 and non-certified the remaining Oxycontin ER 30 mg #15 noting that based on the currently available information, the medical need for the continued use of these narcotics has not been established. The MTUS Chronic Pain was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg, 240 count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76 - 81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, p76-80 (2) Opioids, dosing, p86 Page(s): 76-80, 86.

Decision rationale: The claimant is more than 3 years status post work-related injury and continues to be treated for radiating back pain. Medications include OxyContin and Norco at an MED (morphine equivalent dose) of 180 mg/day. Guidelines recommend against opioid dosing is in excess of 120 mg oral morphine equivalents per day. In this case, the total MED being prescribed is more than that recommended. Although the claimant has chronic pain and the use opioid medication may be appropriate, there are no unique features of this case that would support dosing at this level. Therefore, this medication was not medically necessary.

Oxycontin ER 30 mg, sixty count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76 - 81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, p76-80 (2) Opioids, dosing, p86 Page(s): 76-80, 86.

Decision rationale: The claimant is more than 3 years status post work-related injury and continues to be treated for radiating back pain. Medications include OxyContin and Norco at an MED (morphine equivalent dose) of 180 mg/day. Guidelines recommend against opioid dosing is in excess of 120 mg oral morphine equivalents per day. In this case, the total MED being prescribed is more than that recommended. Although the claimant has chronic pain and the use opioid medication may be appropriate, there are no unique features of this case that would support dosing at this level. Therefore, this medication was not medically necessary.