

Case Number:	CM15-0112244		
Date Assigned:	06/23/2015	Date of Injury:	05/12/2005
Decision Date:	07/22/2015	UR Denial Date:	06/04/2015
Priority:	Standard	Application Received:	06/10/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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(n) 52 year old male, who sustained an industrial injury on 5/12/05. He reported pain in his back. The injured worker was diagnosed as having cervical sprain, lumbosacral sprain and thoracic sprain. Treatment to date has included a TENS unit, a home exercise program, Percocet, Morphine, Gabapentin, Norco, Tramadol, Cyclobenzaprine, Naproxen and Omeprazole. As of the PR2 dated 1/2/15, the injured worker reports 8/10 pain in the upper, mid and lower back. He indicates the pain is a sharp, constant pain that is worse with cold weather. This is the only progress note submitted in the case file. The treating physician requested OxyContin 20mg #60 and Norco 10/325mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Oxycodone.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opiates.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Oxycontin 20mg #60 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. Discontinuation of long-term opiates is recommended in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. The guidelines state the treatment for neuropathic pain is often discouraged because of the concern about ineffectiveness. In this case, the injured worker's working diagnoses are cervical sprain strain: lumbosacral/joint/ligament sprain/strain; thoracic sprain strain; and lumbar intervertebral disc without myelopathy. The date of injury is May 28, 2015. Request for authorization is May 28, 2015. There is a single progress note in a 32 page medical record. The progress note is dated January 2, 2015. There is no contemporaneous progress note on or about the date of request for authorization May 28th 2015. Subjectively, according to the January 2, 2015 progress note, the injured worker complains 8/10 pain in the upper, mid and low back. Objectively, there are no physical findings documented in the medical record. The injured worker is taking three opiates consisting of Percocet 10/325 TID, tramadol ER 200 mg HS and Norco 10/325mg HS. Morphine sulfate was recently discontinued. As noted above, there are no additional progress notes in the medical record. There is no objective functional improvement documented in the medical record. There are no risk assessments or pain assessments in the medical record. Consequently, absent contemporaneous clinical documentation with objective functional improvement, a recent physical examination, risk assessments in detail pain assessments, OxyContin 20 mg #60 is not medically necessary.

Norco 10/325mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Acetaminophen.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opiates.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Norco 10/325mg # 90 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. Discontinuation of long-term opiates is recommended in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or

a decrease in functioning. The guidelines state the treatment for neuropathic pain is often discouraged because of the concern about ineffectiveness. In this case, the injured worker's working diagnoses are cervical sprain strain; lumbosacral/joint/ligament sprain/strain; thoracic sprain strain; and lumbar intervertebral disc without myelopathy. The date of injury is May 28, 2015. Request for authorization is May 28, 2015. There is a single progress note in a 32 page medical record. The progress note is dated January 2, 2015. There is no contemporaneous progress note on or about the date of request for authorization May 28th 2015. Subjectively, according to the January 2, 2015 progress note, the injured worker complains 8/10 pain in the upper, mid and low back. Objectively, there are no physical findings documented in the medical record. The injured worker is taking three opiates consisting of Percocet 10/325 TID, tramadol ER 200 mg HS and Norco 10/325mg HS. Morphine sulfate was recently discontinued. As noted above, there are no additional progress notes in the medical record. There is no objective functional improvement documented in the medical record. There are no risk assessments or pain assessments in the medical record. Consequently, absent contemporaneous clinical documentation with objective functional improvement, a recent physical examination, risk assessments in detail pain assessments, Norco 10/325 mg #90 is not medically necessary.