

<b>Case Number:</b>	CM15-0115729		
<b>Date Assigned:</b>	06/24/2015	<b>Date of Injury:</b>	09/13/2006
<b>Decision Date:</b>	07/28/2015	<b>UR Denial Date:</b>	06/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/16/2015

### 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: Pennsylvania  
 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 40 year old male who sustained an industrial injury on 09/13/2006. Current diagnoses include lumbar radiculitis, myofascial pain, and lumbar disc displacement. Previous treatments included medications, epidural steroid injections, and home exercise program. Initial injuries included the low back after lifting something heavy. Report dated 05/27/2015 noted that the injured worker presented with complaints that included low back pain and needing medication refills. Pain level was 3 out of 10 on a visual analog scale (VAS). Physical examination was positive for decreased range of motion, pain with range of motion, tenderness, and negative straight leg raise. The treatment plan included refilling medications, weight loss/diet, home exercise program, non-steroidal anti-inflammatory medication (NSAID's), ice, transcutaneous electrical nerve stimulation (TENS) unit for home use, lumbosacral orthosis (LSO) brace for lumbar spine support, request for urine drug screen, aqua therapy unit for home use, and return in one month. The documentation submitted supports that the injured worker has been prescribed Oxycontin and Norco since at least 12/10/2014. Also the injured worker has been seen monthly since 12/10/2014. Documentation supports that the injured worker's pain level has remained between 2-3 out of 10 on a VAS, with medications helping 85-90%. It was further noted that the medications allow the injured worker to tolerate activities of daily living and work duties. Documentation indicates that the injured worker is currently not working. There was no urine drug screen included for review. Of note some of the reports were hard to decipher. Disputed treatments include Oxycontin and Norco.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Oxycontin 20 mg #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain, Opioids, Criteria for the use of opioids, Opioids-long-term assessment, Opioids specific drug list Page(s): 60, 74, 76-82, 88-90, and 92.

**Decision rationale:** The California MTUS chronic pain medical treatment guidelines recommend specific guidelines for the ongoing use of narcotic pain medication to treat chronic pain. Recommendations include the lowest possible dose be used as well as ongoing review and documentation of pain relief, functional status, appropriate medication use and its side effects. It also recommends that providers of opiate medication document the injured worker's response to pain medication including the duration of symptomatic relief, functional improvement, and the level of pain relief with the medications. The medical records submitted for review did not include the above recommended documentation. The documentation regarding work status was conflicting as progress notes indicate both no return to work as well as that medications allowed tolerance of work duties. Although the physician stated that medications as a group allowed the injured worker to tolerate activities of daily living and work duties, there was no documentation of definite return to work or decrease in work restrictions, no specific improvement in activities of daily living as a result of use of oxycontin, and office visits have continued at the same monthly frequency. There was no urine drug screening included for review to support compliance with prescribed medications. No opioid contract was submitted or discussed. Therefore the request for Oxycontin 20 mg, #30 is not medically necessary.

**Norco 10/325 mg #180:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain, Opioids, Criteria for the use of opioids, Opioids-long-term assessment, Opioids specific drug list Page(s): 60, 74, 76-82, 88-90, and 91.

**Decision rationale:** The California MTUS chronic pain medical treatment guidelines recommend specific guidelines for the ongoing use of narcotic pain medication to treat chronic pain. Recommendations include the lowest possible dose be used as well as ongoing review and documentation of pain relief, functional status, appropriate medication use and its side effects. It is also recommends that providers of opiate medication document the injured worker's response to pain medication including the duration of symptomatic relief, functional improvement, and the level of pain relief with the medications. The medical records submitted for review did not include the above recommended documentation. The documentation regarding work status was

conflicting as progress notes indicate both no return to work as well as that medications allowed tolerance of work duties. Although the physician stated that medications as a group allowed the injured worker to tolerate activities of daily living and work duties, there was no documentation of definite return to work or decrease in work restrictions, no specific improvement in activities of daily living as a result of use of norco, and office visits have continued at the same monthly frequency. There was no urine drug screening included for review to support compliance with prescribed medications. Therefore the request for Norco 10/325 mg, #180 is not medically necessary.