

Case Number:	CM15-0119640		
Date Assigned:	06/30/2015	Date of Injury:	03/22/2000
Decision Date:	07/29/2015	UR Denial Date:	05/27/2015
Priority:	Standard	Application Received:	06/22/2015

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 is a 53 year old male, who sustained an industrial injury on 3/22/2000. Diagnoses have included lumbar spondylosis, thoracic or lumbosacral neuritis or radiculitis unspecified, spinal stenosis of lumbar region and degeneration of lumbar or lumbosacral intervertebral disc. Treatment to date has included epidural steroid injection, chiropractic treatment and medication. According to the progress report dated 5/18/2015, the injured worker complained of low back pain radiating down both legs. The severity of pain with medication was rated 4/10 and without medication was rated 10/10. The injured worker was able to sleep four to six hours per night. The last urine test was noted to be appropriate. The injured worker was able to complete his activities of daily living and was able to work. Exam of the lumbar spine revealed pain with range of motion. Straight leg raise testing was positive bilaterally. There was tenderness to palpation over the bilateral lumbar paraspinals. Authorization was requested for Oxycontin, Norco and a urine drug screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg #180: Upheld

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

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

Decision rationale: The claimant sustained a work-related injury in March 2000, and continues to be treated for radiating low back pain. Medications are referenced as decreasing pain from 10/10 to 4/10. When seen, there was decreased and painful lumbar range of motion with tenderness and decreased lower extremity strength and sensation. Straight leg raising was positive. Medications include OxyContin and Norco at a total MED (morphine equivalent dose) of 240 mg per day. Urine drug screening was performed in October 2013. Guidelines recommend against opioid dosing is in excess of 120 mg oral morphine equivalents per day. In this case, the total MED being prescribed twice that recommended. Although the claimant has chronic pain and the use of opioid medication may be appropriate, there are no unique features of this case that would support dosing at this level. Ongoing prescribing at this dose was not medically necessary.

One (1) urine drug screen: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 77-78.

Decision rationale: The claimant sustained a work-related injury in March 2000, and continues to be treated for radiating low back pain. Medications are referenced as decreasing pain from 10/10 to 4/10. When seen, there was decreased and painful lumbar range of motion with tenderness and decreased lower extremity strength and sensation. Straight leg raising was positive. Medications include OxyContin and Norco at a total MED (morphine equivalent dose) of 240 mg per day. Urine drug screening was performed in October 2013. Criteria for the frequency of urine drug testing include risk stratification. In this case, the claimant appears to be at low risk for addiction/aberrant behavior. Patients at low risk of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. In this case, there is no urine drug screening result over the previous 12 months and the claimant is being prescribed opioid medication at a high MED. The request was medically necessary.