

Case Number:	CM15-0128284		
Date Assigned:	07/15/2015	Date of Injury:	03/09/1999
Decision Date:	09/11/2015	UR Denial Date:	06/24/2015
Priority:	Standard	Application Received:	07/03/2015

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 52 year old female injured worker suffered an industrial injury on 3/09/1999. The diagnoses included lumbar post-laminectomy syndrome, lumbar radiculopathy, lumbar back pain, muscle spasms and chronic insomnia. The injured worker had been treated with medications, failed spinal cord stimulator, failed Morphine pump trial, and spinal fusion with subsequent hardware removal. On 3/10/2015, the treating provider reported she weaned herself off of Nucynta and her functions had declined when she was not able to take the Oxycontin 80 mg 3 times daily. The injured worker had not returned to work. On 4/23/2015, Norco was added in an attempt to bridge her reduction of Oxycontin. On 5/21/2015, the provider reported due to her not receiving her pain medications to treat her industrial injuries, she had then become non-functional and lost 13 lbs. On 6/17/2015, the treating provider reported there was pain in the knees and bilateral low back pain that was constant. In the last month without medications the pain was rated 7 to 8/10. The sleep assessment, activity assessment and mood assessment had declined. The treatment plan included Norco 10/325mg #180 and Oxycontin 80mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, dosing, long-term use.

Decision rationale: MTUS discourages long-term usage unless there is evidence of "ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." The documentation needs to contain assessments of analgesia, activities of daily living, adverse effects and aberrant drug taking behavior. Opioids dosing recommended that dosing not exceed 120mg oral Morphine Equivalent per day (MED) and for patients taking more than 1 opioid, the MED of different opioids must be added together to determine the cumulative dose, Rarely, and only after pain management consultation should the daily does exceed 120mg MED. For long term use of opioids and strategy for maintenance stated do not attempt to lower the dose if it is working and may require doses of break through medications for incidental pain, end of dose pain and pain that occurred with predictable situations. The documentation provided indicated the prescriber was a pain management provider and there was evidence of functional decline without the prior doses of medications. The MED for Oxycontin alone exceeded the MED as it was 360mg. It did not include Norco as it was not clear how many doses the injured worker used per day. The documentation stated the Norco was intended as a bridge to enable the injured worker to attempt a lower dose of Oxycontin. There was no specific evidence of an assessment of the Norco in this regard. The medical record did not include a comprehensive pain assessment and evaluation that included what the pain was after medication dose, how long it lasted and long it took for medication effect. There was no evidence of ongoing risk assessment for aberrant drug use. Therefore, Norco was not medically necessary.

Oxycontin 80mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids, dosing, and long-term use Page(s): 74-96.

Decision rationale: MTUS discourages long-term usage unless there is evidence of "ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." The documentation needs to contain assessments of analgesia, activities of daily living, adverse effects and aberrant drug taking behavior. Opioids dosing recommended that dosing not exceed 120mg oral Morphine Equivalent per day (MED) and for patients taking more than 1

opioid, the MED of different opioids must be added together to determine the cumulative dose, Rarely, and only after pain management consultation should the daily does exceed 120mg MED. For long term use of opioids and strategy for maintenance stated do not attempt to lower the dose if it is working and may require doses of break through medications for incidental pain, end of dose pain and pain that occurred with predictable situations. The documentation provided indicated the prescriber was a pain management provider and there was evidence of functional decline without the prior doses of medications. The MED for Oxycontin alone exceeded the MED as it was 360mg. It did not include Norco as it was not clear how many doses the injured worker used per day. The medical record did not include a comprehensive pain assessment and evaluation that included what the pain was after medication dose, how long it lasted and long it took for medication effect. There was no evidence of ongoing risk assessment for aberrant drug use. Therefore, Oxycontin was not medically necessary.