

Case Number:	CM15-0172129		
Date Assigned:	09/14/2015	Date of Injury:	01/14/2009
Decision Date:	10/20/2015	UR Denial Date:	08/03/2015
Priority:	Standard	Application Received:	09/01/2015

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, Hawaii

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 48 year old male, who sustained an industrial injury on January 14, 2009. On July 29, 2015, the injured worker presented with complaints of low back pain with radiation of pain to the bilateral lower extremities. The evaluating provider noted that the injured worker was "not much improved since last visit." The pain was associated with numbness, tingling and weakness in both legs and the pain was described as constant in frequency and severe in intensity. The pain was well controlled with Norco and OxyContin and the injured worker was able to work full duty. On physical examination, the injured worker had a lumbar spine range of motion of forward flexion to 40 degrees, extension to 10 degrees, side bending to 10 degrees to the right and 15 degrees to the left. Rotation was limited and there was tenderness to palpation over the bilateral lumbar paraspinal muscles. There was no spinous process tenderness along the lumbar spine and he exhibited a negative straight leg raise bilaterally in seated and supine positions. His deep tendon reflexes were symmetric at 1+ - 4 in the bilateral lower extremities. OxyContin and Norco were continued. The injured worker has used OxyContin and Norco for pain management since at least February 11, 2015. A urine drug screen performed on April 8, 2015 was consistent with the injured worker's medications. The injured worker was diagnosed as having postlaminectomy syndrome of the lumbar region and continuous opioid type dependence. Treatment to date has included lumbar laminectomy, and opioid medications. A request for authorization of OxyContin 40mg #60 and Norco 10/325 mg #60 was received on July 28, 2015. The Utilization Review physician determined on August 3, 2015 that OxyContin 40mg #60 and Norco 10/325 mg #60 was not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

OxyContin 40mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

Decision rationale: The patient presents with low back pain with radiation of pain to the bilateral lower extremities. The current request is for OxyContin 40mg #60. The treating physician states, in a report dated 03/11/15, "Patient is here for follow-up appointment, basically for meds refill, conditions controlled well with Oxycontin, so far tolerated on FD, no constipation." (14B) The MTUS guidelines state, "Document pain and functional improvement and compare to baseline. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS also requires documentation of the four A's (analgesia, ADL's, Adverse effects and Adverse behavior). In this case, such documentation is not provided. MTUS further discusses under "outcome measures," documentation of average pain level, time it takes for medication to work, duration of relief with medication, etc. are required. In this patient, none of these is provided. For medication efficacy, the treating physician only provided a statement indicating that the pain decreases with medications. MTUS requires much more thorough documentation to show that this medication is efficacious in terms of pain and function. Given the lack of documentation, recommendation is for slow weaning per MTUS, as the current request is not medically necessary.

Norco 10/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

Decision rationale: The patient presents with low back pain with radiation of pain to the bilateral lower extremities. The current request is for Norco 10/325mg #60. The treating physician states, in a report dated 03/11/15, "Patient is here for follow-up appointment, basically for meds refill, conditions controlled well with 'Norco', so far tolerated on FD, no constipation." (14B) The MTUS guidelines state, "Document pain and functional improvement and compare to baseline. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or

other caregivers should be considered in determining the patient's response to treatment. Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS also requires documentation of the four A's (analgesia, ADL's, Adverse effects and Adverse behavior). In this case, such documentation is not provided. MTUS further discusses under "outcome measures," documentation of average pain level, time it takes for medication to work, duration of relief with medication, etc. are required. In this patient, none of these is provided. For medication efficacy, the treating physician only provided a statement indicating that the pain decreases with medications. MTUS requires much more thorough documentation to show that this medication is efficacious in terms of pain and function. Given the lack of documentation, recommendation is for slow weaning per MTUS, as the current request is not medically necessary.