

<b>Case Number:</b>	CM15-0172458		
<b>Date Assigned:</b>	09/14/2015	<b>Date of Injury:</b>	05/17/1989
<b>Decision Date:</b>	10/13/2015	<b>UR Denial Date:</b>	08/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	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: 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 67 year old male who sustained an industrial injury on May 17, 1989. Previous surgical intervention included: discectomy 1990; laminectomy 1991; lumbar fusion in 1991 and hardware removal in 1992. The worker states taking "4-6 Norco a day and that he really does not take OxyContin daily." "Sometimes he takes four OxyContin's daily." He states current pain is constant low back pain along with constant left leg pain. There is also complaint of aching into the right leg just to the knee. Current medication regimen consisted of: Norco and OxyContin. The impression noted: failed back surgery syndrome, and chronic pain syndrome. A recent primary treating office visit dated August 19, 2015 reported chief subjective complaint of low back pain and bilateral leg pains. The worker stated: "having difficulty obtaining medications due to denials." Current medications consisted of: OxyContin, Norco, and Amlodipine. The following diagnoses were applied: low back pain; disc disorder lumbar; post lumbar laminectomy syndrome, and chronic pain syndrome. The plan of care noted continuing with current medications including: OxyContin, Norco and Amlodipine, and continue with home exercises.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Oxycontin 30mg #90:** 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, Opioids, dosing.

**Decision rationale:** The claimant has a remote history of a work injury occurring in May 1989 with a remote history of a lumbar fusion and subsequent hardware removal. When seen, he was having low back pain and bilateral lower extremity pain. Medications are referenced as decreasing pain from 10/10 to 5/10. Physical examination findings included a BMI of over 30. There was an awkward gait. He had a decreased lumbar lordosis. There was bilateral posterior superior iliac spine tenderness. There were lower extremity sensory deficits. There was sacral and thoracolumbar tenderness. OxyContin and Norco were prescribed at a total MED (morphine equivalent dose) of 195 mg per day. Guidelines recommend against opioid dosing is in excess of 120 mg oral morphine equivalents per day. In this case, the total MED being prescribed is more than 1.5 times 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, and weaning of the currently prescribed medications is not being actively done. Ongoing prescribing of Oxycontin at this dose was not medically necessary.

**Norco 10/325mg #180:** 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, Opioids, dosing.

**Decision rationale:** The claimant has a remote history of a work injury occurring in May 1989 with a remote history of a lumbar fusion and subsequent hardware removal. When seen, he was having low back pain and bilateral lower extremity pain. Medications are referenced as decreasing pain from 10/10 to 5/10. Physical examination findings included a BMI of over 30. There was an awkward gait. He had a decreased lumbar lordosis. There was bilateral posterior superior iliac spine tenderness. There were lower extremity sensory deficits. There was sacral and thoracolumbar tenderness. OxyContin and Norco were prescribed at a total MED (morphine equivalent dose) of 195 mg per day. Guidelines recommend against opioid dosing is in excess of 120 mg oral morphine equivalents per day. In this case, the total MED being prescribed is more than 1.5 times 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, and weaning of the currently prescribed medications is not being actively done. Ongoing prescribing of Norco at this dose was not medically necessary.