

Case Number:	CM15-0061949		
Date Assigned:	04/08/2015	Date of Injury:	05/15/2014
Decision Date:	06/01/2015	UR Denial Date:	03/14/2015
Priority:	Standard	Application Received:	04/01/2015

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, Washington

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 male patient who sustained an industrial injury on 05/15/2014. Prior testing included magnetic resonance imaging, computerized tomography, nerve conduction study, radiography study. Prior treatment to include epidural steroid injections, home exercise program, pool therapy, and massage therapy. A primary treating office visit dated 06/23/2014 reported chief complaint of knee pain. He also is with complaint of severe low back pain, severe cervicalgia, and intermittent radiculopathy. He has undergone a lumbar spinal fusion on 04/2007. He has not worked since 05/15/2014. The patient takes Gabapentin, Senokot, Elavil, Trazadone, OxyContin, Norco, Flexeril, and Nabumetone. The assessment noted muscle spasm; brachial neuritis or radiculitis; lumbosacral spondylosis without myelopathy; cervical spondylosis without myelopathy; intervertebral lumbar disc without myelopathy lumbar, and cervical region; post-laminectomy syndrome lumbar region; degeneration of cervical intervertebral disc and cervicalgia. The injured worker was seen most recently on 03/25/2015 for a follow-up related to his low back injury. Recommending obtaining updated cervical and lumbar magnetic resonance imaging, and renew the following medications: OxyContin, Norco, Flexeril, Nabumetone and decrease Neurontin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 74-96.

Decision rationale: The California MTUS Guidelines do not recommend long-term use of opioids without significant decrease in pain and overall functional improvement. The injured worker was identified as having continued 6/10 pain level with use of his medications from 03/09/2015 and on his most recent assessment dated 03/25/2015. Long-term use of opioids may result in tolerance with the necessity for increasing the overall use of the medication. The clinical documentation provided for review identified the injured worker as having been utilizing the opioids since at least 03/28/2013. Therefore, without significant decrease in pain level and improvement in functionality, ongoing use cannot be supported. Use of multiple opioids is also not recommended without a more thorough rationale for multiple narcotics. This is due to the increase in the morphine equivalent dosage utilized per day by the injured worker. Therefore, the medical necessity of the Norco has not been established. The request is not medically necessary.

Oxycontin 30mg xr #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
Page(s): 74-96.

Decision rationale: The California MTUS Guidelines do not recommend long-term use of opioids without significant decrease in pain and overall functional improvement. The injured worker was identified as having continued 6/10 pain level with use of his medications from 03/09/2015 and on his most recent assessment dated 03/25/2015. Long-term use of opioids may result in tolerance with the necessity for increasing the overall use of the medication. The clinical documentation provided for review identified the injured worker as having been utilizing the opioids since at least 03/28/2013. Therefore, without significant decrease in pain level and improvement in functionality, ongoing use cannot be supported. Use of multiple opioids is also not recommended without a more thorough rationale for multiple narcotics. This is due to the increase in the morphine equivalent dosage utilized per day by the injured worker. Therefore, the medical necessity of the OxyContin has not been established. The request is not medically necessary.

Fexmid 7.5mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ANTISPASMODICS Page(s): 64.

Decision rationale: The injured worker did not identify or complain of any muscle spasms under the subjective complaints heading on 03/25/2015. Long-term use of muscle relaxants is not recommended under the guidelines. Additionally, the physical examination did not identify any muscle spasms to warrant ongoing use of the Fexmid. Therefore, without having a medical rationale for ongoing use of the medication, the requested service is not considered medically necessary.

1 urine drug screen: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43.

Decision rationale: The California MTUS Guidelines do recommend scheduled or random urine drug screening if an injured worker is considered a high-risk drug abuser or has had previous inconsistencies with his urine drug screen. However, it was noted that the injured worker had undergone a recent urine drug screen as of 03/2015 with no inconsistencies identified in the report. Therefore, without having a more thorough rationale for an additional urine drug screen at this time, the current request is not considered a medically necessary.