

Case Number:	CM15-0072973		
Date Assigned:	04/23/2015	Date of Injury:	07/28/2005
Decision Date:	05/20/2015	UR Denial Date:	04/11/2015
Priority:	Standard	Application Received:	04/16/2015

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, California
 Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 45 year old man sustained an industrial injury on 7/28/2005. The mechanism of injury is not detailed. Diagnoses include chronic back pain with radicular symptoms and myofascial pain. Treatment has included oral medications, surgical intervention, and injections. Physician notes dated 3/5/2015 show complaints of back and leg pain. Recommendations include Oxycontin, Norco, and follow up in one month.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 60 mg #60: 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): 82-92.

Decision rationale: According to the MTUS guidelines, opioids are not indicated as 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or

compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Norco along with Oxycontin. Combined dose of medications exceed the 120 mg of Morphine equivalent recommended by the guidelines. The claimant had been on Oxycontin for greater than 7 years along with Norco. The pain level ranges from 4 to 9/10 pain indicating wide variance in efficacy. The continued and chronic use of high dose Oxycontin is not medically necessary.

Norco 10/325 mg #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): 82-92.

Decision rationale: Norco is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Norco along with Oxycontin. Combined dose of medications exceed the 120 mg of Morphine equivalent recommended by the guidelines. The claimant had been on Oxycontin for greater than 7 years along with Norco. The pain level ranges from 4 to 9/10 pain indicating wide variance in efficacy. The continued and chronic use of high dose Oxycontin is not medically necessary.