

<b>Case Number:</b>	CM15-0076666		
<b>Date Assigned:</b>	04/28/2015	<b>Date of Injury:</b>	07/08/1992
<b>Decision Date:</b>	05/28/2015	<b>UR Denial Date:</b>	03/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/21/2015

### 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: Florida

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:

The injured worker is a 56 year old male, who sustained an industrial injury on 7/8/92. He reported a low back injury. The injured worker was diagnosed as having low back pain, lumbago, post laminectomy syndrome of lumbar spine, myofascial pain syndrome/fibromyalgia, long term use of medications and lumbar and thoracic radiculitis. Treatment to date has included oral medications including Norco and OxyContin, topical medications, lumbar laminectomy, physical therapy and home exercise program. Currently, the injured worker complains of continuation of dull, sharp and throbbing mid to low back pain and current dose of medications help him to accomplish all of his activities of daily living. The injured worker states pain is 10/10 without medications. Physical exam noted tenderness of lumbar spine, tenderness at facet joint, crepitus, decreased range of motion and tenderness at right and left joint lines with decreased range of motion. The treatment plan included prescriptions for Lidoderm patches, Norco and OxyContin.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325 mg #180:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 110-115.

**Decision rationale:** In accordance with California MTUS guidelines, narcotics for chronic pain management should be continued if "(a) If the patient has returned to work, (b) If the patient has improved functioning and pain." MTUS guidelines also recommend that narcotic medications only be prescribed for chronic pain when there is evidence of a pain management contract being upheld with proof of frequent urine drug screens. MTUS guidelines also state that it is, "Recommend that dosing not exceed 120 mg oral morphine equivalents per day, and for patients taking more than one opioid, the morphine equivalent doses of the different opioids must be added together to determine the cumulative dose." Regarding this patient's case, there is no documentation that this patient has returned to work or had objective improvement in functioning with his chronic narcotic medications. Also, this patient's combined opiate medications far exceeds the recommended 120 mg of oral morphine equivalents per day. Likewise, this request is not considered medically necessary.

**Oxycontin 40 mg #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 110-115.

**Decision rationale:** In accordance with California MTUS guidelines, narcotics for chronic pain management should be continued if "(a) If the patient has returned to work, (b) If the patient has improved functioning and pain." MTUS guidelines also recommend that narcotic medications only be prescribed for chronic pain when there is evidence of a pain management contract being upheld with proof of frequent urine drug screens. MTUS guidelines also state that it is, "Recommend that dosing not exceed 120 mg oral morphine equivalents per day, and for patients taking more than one opioid, the morphine equivalent doses of the different opioids must be added together to determine the cumulative dose." Regarding this patient's case, there is no documentation that this patient has returned to work or had objective improvement in functioning with his chronic narcotic medications. Also, this patient's combined opiate medications far exceeds the recommended 120 mg of oral morphine equivalents per day. Likewise, this request is not considered medically necessary.