

Case Number:	CM15-0093160		
Date Assigned:	05/19/2015	Date of Injury:	01/04/2007
Decision Date:	06/22/2015	UR Denial Date:	05/13/2015
Priority:	Standard	Application Received:	05/14/2015

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 57-year-old male who sustained an industrial injury on January 4, 2007. He has reported low back pain that radiates to the right leg, toes, knee, and thigh and has been diagnosed with mononeuritis of lower limb unspecified. Treatment has included medications, injections, and a TENS unit. The injured worker explains that his pain was a 7/10 and was throbbing, tingling, and shooting that radiates to the right leg, toes, knee, and thigh. There was decreased sensation to light touch of the right lower extremity along the lateral aspect of the thigh and hypersensitivity to light palpation of the lateral aspect of the right lower leg. He was wearing his TENS machine during the examination. The treatment request included Norco and oxycontin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list Page(s): 76-80, 92 and 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, page 76-80 (2) Opioids, dosing, page 86.

Decision rationale: The claimant sustained a work-related injury in January 2007 and continues to be treated for low back pain with right lower extremity radiating symptoms. Medications include opioids being prescribed at a total MED (morphine equivalent dose) of 700 mg per day. OxyContin is being prescribed, but not at a schedule dose. When seen, pain was rated at 7/10. There was decreased left lower extremity sensation and he was using a cane. OxyContin was being tapered. 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 5 times that recommended. There are no unique features of this case that would support dosing at this level. As a medication for breakthrough pain, the dose is not adequate if being used as part of a taper. Therefore, ongoing prescribing at this dose is not medically necessary.

Oxycontin 80mg #150: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, page 76-80 (2) Opioids, dosing, page 86.

Decision rationale: The claimant sustained a work-related injury in January 2007 and continues to be treated for low back pain with right lower extremity radiating symptoms. Medications include opioids being prescribed at a total MED (morphine equivalent dose) of 700 mg per day. OxyContin is being prescribed, but not at a schedule dose. When seen, pain was rated at 7/10. There was decreased left lower extremity sensation and he was using a cane. OxyContin was being tapered. 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 5 times that recommended. There are no unique features of this case that would support dosing at this level. When tapering a long acting opioid, scheduled dosing would be expected with adjustment of the immediate release medications being prescribed. Therefore, ongoing prescribing at this dose is not medically necessary.

Oxycontin 40mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, page 76-80 (2) Opioids, dosing, page 86.

Decision rationale: The claimant sustained a work-related injury in January 2007 and continues to be treated for low back pain with right lower extremity radiating symptoms. Medications include opioids being prescribed at a total MED (morphine equivalent dose) of 700 mg per day. OxyContin is being prescribed, but not at a schedule dose. When seen, pain was rated at 7/10. There was decreased left lower extremity sensation and he was using a cane. OxyContin was being tapered. 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 5 times that recommended. There are no unique features of this case that would support dosing at this level. Therefore, ongoing prescribing is not medically necessary.

