

Case Number:	CM15-0095033		
Date Assigned:	05/21/2015	Date of Injury:	09/13/2006
Decision Date:	06/29/2015	UR Denial Date:	05/08/2015
Priority:	Standard	Application Received:	05/18/2015

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, Indiana, New York
Certification(s)/Specialty: Internal Medicine

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 39 year old male sustained an industrial injury on 9/13/06. He subsequently reported back pain. Diagnoses include lumbar radiculitis and disc displacement and myofascial pain. Treatments to date include MRI and x-ray testing, physical therapy, injections and prescription pain medications. The injured worker continues to experience low back pain. Upon examination, lumbar spine range of motion is reduced. Straight leg raise test was positive at 45 degrees on the right. A request for Norco and Oxycontin medications was made by the treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

180 Tablets of Norco 10-325 mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opiates.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Norco 10/325mg # 180 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. Discontinuation of long-term opiates is recommended in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. The guidelines state the treatment for neuropathic pain is often discouraged because of the concern about ineffectiveness. In this case, the injured worker's working diagnoses are lumbar radiculitis; myofascial pain; and lumbar disc displacement. The documentation shows Norco 10/325 mg (six tablets per day) and OxyContin 20 mg (one tablet per day) were prescribed as far back as October 21, 2014. This is the earliest progress note and not necessarily the start date. The documentation in the medical record is hand written. Subjectively, according to an April 29, 2015 progress note, the treatment plan is to refill medications. The injured worker has whole body pain with a VAS pain score 3/10. Objectively, the injured worker has decreased range of motion of the lumbar spine and positive straight leg raising. There are no other objective findings documented referencing the lumbar spine. There is no documentation evidencing objective functional improvement with ongoing Norco 10/325 mg. There are no detailed pain assessments. There were no risk assessments in the medical record. Consequently, absent compelling clinical documentation with subjective and objective functional improvement, risk assessment and detailed pain assessments and attempted weaning of Norco 10/325 mg, Norco 10/325mg # 180 is not medically necessary.

30 Tablets Of Oxycontin 20 mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opiates.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Oxycontin 20mg #30 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. Discontinuation of long-term opiates is recommended in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. The guidelines state the treatment for neuropathic pain is often discouraged because of the concern about ineffectiveness. In this case, the injured worker's working diagnoses are lumbar radiculitis; myofascial pain; and lumbar disc displacement. The documentation shows Norco 10/325 mg (six tablets per day) and OxyContin 20 mg (one tablet per day) were prescribed as far back as

October 21, 2014. This is the earliest progress note and not necessarily the start date. The documentation in the medical record is hand written. Subjectively, according to an April 29, 2015 progress note, the treatment plan is to refill medications. The injured worker has whole body pain with a VAS pain score 3/10. Objectively, the injured worker has decreased range of motion of the lumbar spine and positive straight leg raising. There are no other objective findings documented referencing the lumbar spine. There is no documentation evidencing objective functional improvement with Oxycontin. There are no detailed pain assessments. There were no risk assessments in the medical record. Consequently, absent compelling clinical documentation with subjective and objective functional improvement, risk assessment and detailed pain assessments and attempted weaning of OxyContin 20 mg, OxyContin 20 mg # 30 is not medically necessary.