

Case Number:	CM14-0146660		
Date Assigned:	09/12/2014	Date of Injury:	04/15/2006
Decision Date:	10/21/2014	UR Denial Date:	08/28/2014
Priority:	Standard	Application Received:	09/09/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 underlying date of injury in this case is 04/15/2006. The patient's treating diagnosis is a lumbar post-laminectomy syndrome. The initial mechanism of injury is that the patient was repositioning someone. On 08/04/2014, the primary treating physician/neurosurgeon saw the patient in follow-up. The patient was seen 4 days earlier than scheduled due to an increase in pain. The patient reported that his pain had worsened as a prior refill prescription was mistakenly written for oxycodone, rather than his normal OxyContin. The patient complained of chronic constant low back pain and constant moderate-to-severe pain in his left leg with numbness, tingling, and weakness. The patient initially had authorization for a spinal cord stimulator. On exam the patient had decreased lumbar motion in all directions with positive straight-leg rising (SLR) on the left. Strength was decreased in the left anterior tibialis, extensor hallucis longus, and at the gastrocnemius. Sensation was diminished to touch over the left posterolateral thigh, calf, and foot. The patient ambulated with an altered gait pattern with a limp on his left leg. Treatment plan included temporary prescription for OxyContin, given the mistaken prescription previously, as well as another prescription for refill of normal medication regimen, which consisted of Norco and OxyContin and also Gabapentin and Soma. The treating physician initially proposed proceeding with a spinal cord stimulator.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 30mg #8 with 1 refill of #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids as Ongoing Management Page(s): 78; 80.

Decision rationale: The Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines, section on opioids as ongoing management, page 78, discusses the 4 A's of opioid management, emphasizing titration of opioids based on functional improvement. The same guidelines on opioids for chronic pain, page 80, do not recommend opioids for chronic back pain, particularly beyond 16 weeks. Thus, overall the patient does not clearly have a diagnosis to support chronic opioid use. Additionally, the medical records discuss essentially subjective benefits from opioids but do not discuss verifiable functional improvement consistent with the treatment guidelines. At this time this request is not supported by the medical records and guidelines. This request is not medically necessary.

Norco 10/325mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids as Ongoing Management Page(s): 78; 80.

Decision rationale: The Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines, section on opioids as ongoing management, page 78, discusses the 4 A's of opioid management, emphasizing titration of opioids based on functional improvement. The same guidelines on opioids for chronic pain, page 80, do not recommend opioids for chronic back pain, particularly beyond 16 weeks. Thus, overall the patient does not clearly have a diagnosis to support chronic opioid use. Additionally, the medical records discuss essentially subjective benefits from opioids but do not discuss verifiable functional improvement consistent with the treatment guidelines. At this time this request is not supported by the medical records and guidelines. This request is not medically necessary.