

Case Number:	CM14-0153662		
Date Assigned:	09/23/2014	Date of Injury:	11/03/1998
Decision Date:	11/04/2014	UR Denial Date:	09/11/2014
Priority:	Standard	Application Received:	09/19/2014

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 Internal Medicine 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 patient is an injured worker with lumbosacral conditions. Date of injury was 11-03-1998. The progress report dated June 13, 2014 documented subjective complaints of head, bilateral legs, bilateral low back, and bilateral ankles feet pain. With medications, the patient's pain is decreased. The patient had a nerve block in the past which made the pain and spasticity better. The patient had a facet joint block in the past which made the pain and spasticity better. The patient had a pump trial implant in the past which made the pain and spasticity better. Implantable drug delivery system IDDS was placed 2007. The IDDS became infected and subsequently explanted. Physical examination was documented. The patient is able to sit through the evaluation, displays normal pain behaviors, cognitive intact with clear coherent speech. There is no evidence of overmedication, sedation, or withdrawal symptoms. Patient ambulates and transfers slowly; does not use assistive devices. Decreased torso range of motion due to pain was observed. Positive bilateral leg radicular symptoms and positive bilateral straight leg test were noted. Decreased patellar and ankle deep tendon reflexes were noted. Physical exam shows decrease range of motion lumbar spine and decreased sensation of bilateral legs. Diagnoses were chronic pain syndrome, back pain lumbar, lumbar radiculopathy, and degenerative disc disease lumbar spine. Treatment plan included medications and epidural steroid injections. The progress report dated 7/31/14 documented the patient's subjective complaints of uncontrolled pain without medications. Medications included Oxycontin and Norco. The progress report dated 8/29/14 documented subjective complaints of head, bilateral arms, bilateral legs, neck, bilateral shoulders, bilateral buttocks, thoracic spine, bilateral hips, bilateral knees, bilateral low back, and bilateral ankles feet pain. Medications included Oxycontin 20 mg every 12 hours and Norco 10/325 mg 1-2 tablets every 4-6 hours with a daily maximum of four tablets. Past medical history includes right knee surgery. Physical examination documented lumbar tenderness,

decreased range of motion, positive bilateral leg radicular symptoms, and positive bilateral straight leg test. Treatment plan included Norco, Oxycontin, and physical therapy. X-ray of the lumbosacral spine performed 07/29/2014 reported stimulating electrodes extending into the spinal canal at the level of L2. There were degenerative changes with disk space narrowing and marginal spurring at L3-4 and to a lesser extent at L4-5 and L5-S1. There was degenerative disk disease, greatest at L3-4. There was lumbar levoscoliosis. Utilization review determination date was 9/11/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg, 1-2 po q4-6 hrs prn #120, refills: 0: Overturned

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): 74-96.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines (page 89) present the strategy for maintenance for long-term users of opioids. "Do not attempt to lower the dose if it is working." Supplemental doses of breakthrough medication may be required for incidental pain, end-of dose pain, and pain that occurs with predictable situations. The standard increase in dose is 25 to 50% for mild pain and 50 to 100% for severe pain. Opioid dosing guidelines are presented (page 86). Actual maximum safe dose will be patient-specific and dependent on current and previous opioid exposure, as well as on whether the patient is using such medications chronically. Medical records document regular use of opioid medications with regular office visits for clinical reevaluation. The medical records document objective evidence of significant pathology. Analgesia was reported. Without opioid medications, the patient reported uncontrolled pain. Medical records support the maintenance of the patient's pain medication regimen. Medical records support the maintenance of the Norco 10/325 mg prescription. Therefore, the request for Norco 10/325 mg, 1-2 po q4-6 hrs prn #120, refills: 0 is medically necessary.

Oxycontin 20 mg, 1 tab q12 hrs #60, refills: 0: Overturned

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): 74-96.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines (page 89) present the strategy for maintenance for long-term users of opioids. "Do not attempt to lower the dose if it is working." Supplemental doses of breakthrough medication may be required for incidental pain, end-of dose pain, and pain that occurs

with predictable situations. The standard increase in dose is 25 to 50% for mild pain and 50 to 100% for severe pain. Opioid dosing guidelines are presented (page 86). Actual maximum safe dose will be patient-specific and dependent on current and previous opioid exposure, as well as on whether the patient is using such medications chronically. Medical records document regular use of opioid medications with regular office visits for clinical reevaluation. The medical records document objective evidence of significant pathology. Analgesia was reported. Without opioid medications, the patient reported uncontrolled pain. Medical records support the maintenance of the patient's pain mediation regimen. Medical records support the maintenance of the Oxycontin 20 mg prescription. Therefore, the request for Oxycontin 20 mg, 1 tab q12 hrs #60, refills: 0 is medically necessary.