

Case Number:	CM13-0018748		
Date Assigned:	12/11/2013	Date of Injury:	01/08/1999
Decision Date:	01/24/2014	UR Denial Date:	08/14/2013
Priority:	Standard	Application Received:	08/30/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Anesthesiology, has a subspecialty in Acupuncture and Pain 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 physician 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:

57year old female injured worker with date of injury 1/8/99 with related low back pain. She has been diagnosed with chronic low back pain, lumbar degenerative disc disease, cervical degenerative disc disease, neck pain, anxiety, depression unspecified related to chronic pain, and chronic constipation related to pain medications. Per 9/4/13 progress report, the injured worker is currently being treated with Oxycontin 40 mg BID and is not getting adequate pain relief with this dose. Since the reduction from her three times daily prescription of Oxycontin 40 mg in July 2013, the injured worker has described herself as miserable and spending several hours of the day lying in bed as it is too painful to move. She was no longer able to perform ADLs such as doing dishes, laundry, or walking, and attributes worsening depression to the continuous pain. In October 2013, the injured worker's TID dosing was approved and she was returned to that schedule. The injured worker was refractory to radiofrequency lesioning three times with a pain specialist, back surgery twice with a neurosurgeon, and physical therapy. The date of UR decision was 8/14/13. The latest documentation available for this review was dated 10/2/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

Request for 1 prescription of Hydrocodone/APAP 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 Opioids Page(s): 91.

Decision rationale: Per MTUS CPMTG, hydrocodone is indicated for moderate to moderately severe pain. With regard to long-term users of opioids, and strategies for maintenance, MTUS recommends: "(a) Do not attempt to lower the dose if it is working. (b) Supplemental doses of break-through medication may be required for incidental pain, end-of dose pain, and pain that occurs with predictable situations. This can be determined by information that the patient provides from a pain diary or evaluation of additional need for supplemental medication." Upon review of the submitted medical records, Norco 2 tabs TID PRN was insufficient in conjunction with Oxycontin 40 mg BID to provide adequate pain relief, however, per report 10/2/13 pain was well controlled with Norco 2 tabs TID PRN and Oxycontin 40 mg TID. The MTUS has a detailed list of recommendations for initiation and continuation of opioids in the context of efficacy required to substantiate medical necessity, and these recommendations do appear to have been addressed by the treating physician in the documentation available for review. To reach the MTUS definition of medical necessity for ongoing treatment in the context of safety, efforts to rule out aberrant behavior (i.e. CURES report, UDS, opiate agreement) and assure safe usage are needed. These also appear to be documented. Per 10/2/13 progress report by provider Lobue, the injured worker is not displaying drug seeking behavior, had a negative urine screen, keeps her appointments as scheduled, and has never lost or had her Rx stolen. UR decision 9/12/13 has approved Oxycontin 40 mg TID, thus in order to achieve satisfactory pain control, the request for hydrocodone/APAP 10/325 mg #180 with 2 refills is medically necessary.

Request for 1 prescription of Oxycontin 40 mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 91.

Decision rationale: The Physician Reviewer's decision rationale: Per MTUS CPMTG, Oxycontin Tablets are a controlled release formulation of oxycodone hydrochloride indicated for the management of moderate to severe pain when a continuous, around-the-clock analgesic is needed for an extended period of time. With regard to long-term users of opioids, and strategies for maintenance, MTUS recommends: "(a) Do not attempt to lower the dose if it is working. (b) Supplemental doses of break-through medication may be required for incidental pain, end-of dose pain, and pain that occurs with predictable situations. This can be determined by information that the patient provides from a pain diary or evaluation of additional need for supplemental medication." Upon review of the submitted medical records, Oxycontin 40 mg was reduced from TID to BID in both 2/2013 and 7/2013. The result of this reduction was significantly decreased function for the injured worker causing her to be bedridden for several hours a day coping with pain, and losing the ability to perform various ADLs. After an appeal from her primary physician, TID dosing was approved. The MTUS has a detailed list of recommendations for initiation and continuation of opioids in the context of efficacy required to substantiate medical necessity, and these recommendations do appear to have been addressed by

the treating physician in the documentation available for review. To reach the MTUS definition of medical necessity for ongoing treatment in the context of safety, efforts to rule out aberrant behavior (i.e. CURES report, UDS, opiate agreement) and assure safe usage are needed. These also appear to be documented. Per 10/2/13 progress report by provider Lobue, the injured worker is not displaying drug seeking behavior, had a negative urine screen, keeps her appointments as scheduled, and has never lost or had her Rx stolen. The request for Oxycontin 40 mg is medically necessary.