

Case Number:	CM13-0041867		
Date Assigned:	12/20/2013	Date of Injury:	11/05/1998
Decision Date:	04/22/2014	UR Denial Date:	10/18/2013
Priority:	Standard	Application Received:	10/24/2013

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 & Rehabilitation, has a subspecialty in Interventional Spine 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:

This is a 59 year-old female with an 11/5/1998 industrial injury claim. She has been diagnosed with low back pain; lumbar and thoracic radiculitis; trochanteric bursitis; hip/pelvic pain; sacroiliac (SI) joint dysfunction; knee pain; myofascial pain syndrome and osteoarthritis, lower leg. According to the 9/16/13 PM&R/pain management report from [REDACTED], the patient presents with 7/10 back pain with medications. She uses Lidoderm patches, Flector patches, promethazine; phenergan and the insurance has delayed Norco. She was recently in the hospital for cellulitis from venous insufficiency. [REDACTED] prescribed Oxycodone and OxyContin and recommended discontinuing the Norco. On 10/18/13, UR recommended weaning of the Oxycodone and OxyContin.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRESCRIPTION FOR OXYCODONE 15MG, 1-2 TABS, PO Q4 HRS PRN #200: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 92.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Page(s): 76-80,86-87.

Decision rationale: Prior to 9/16/13, the patient was using Norco 10/325mg every 4 hours prn and OxyContin 80mg every 8 hours. On 9/16/13 there is no mention of efficacy of the medications, but the physician discontinued the Norco and recommended Oxycodone 15mg 1-2 tablets every 4 hours, essentially going from 60 MED to 270 MED. MTUS states under the therapeutic trial of opioids the "The lowest possible dose should be prescribed to improve pain and function." This is not the lowest possible dose, and MTUS also states for dosing, "Recommend that dosing not exceed 120 mg oral morphine equivalents per day "The single prescription exceeds the patient's prior MED by over 120 MED. The request is not in accordance with MTUS guidelines.

PRESCRIPTION FOR OXYCONTIN 80MG, 2 TABS, PO Q8 HRS, #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 92.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Page(s): 86-87.

Decision rationale: The patient presents with chronic back and lower extremity pain. The patient has been on OxyContin 80mg 2 tabs q8h. The physician kept this the same and changed Norco to Oxycodone. I have been asked whether the OxyContin 80mg was necessary. On 8/19/13 she reported 5/10 pain with medications, and on 9/16/13 she reports 7/10 pain with medications. There is no comparison of pain with medication to a baseline, and I cannot tell if medications are helping. MTUS on page 9 states "All therapies are focused on the goal of functional restoration rather than merely the elimination of pain and assessment of treatment efficacy is accomplished by reporting functional improvement" , and on page 8 states "When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." There is no reporting on efficacy of the medications, the documentation does not support a satisfactory response. There is no mention of improved pain, or improved function or improved quality of life with the use of OxyContin. MTUS does not recommend continuing treatment if there is not a satisfactory response.