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| <b>Case Number:</b>   | CM13-0042679 |                              |            |
| <b>Date Assigned:</b> | 12/27/2013   | <b>Date of Injury:</b>       | 08/07/1997 |
| <b>Decision Date:</b> | 07/29/2014   | <b>UR Denial Date:</b>       | 10/21/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 10/31/2013 |

### 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 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 injured worker is a 70 year old male who reported an injury on 08/07/1997 caused by a slip and fall at work. On 08/27/2013, the injured worker complained of right ankle pain. The injured worker had a total knee replacement with an unknown date of the procedure. It was noted that the recent total knee replacement was aspirated and found to still be infected. It was noted that further surgery had been recommended, which was being coordinated. On 08/27/2013, the objective findings were tenderness surrounding the right ankle and injured worker walked with a limp and had an assisting device which was a cane. The medications included Percocet 10/325 mg, Flomax 0.4 mg, OxyContin 30 mg, and Tizanidine 2 mg. It is noted that the injured worker had been seeing the pain management care for ongoing treatment since from 03/05/2013. On the physical examination done on 09/24/2013 by the Universal Pain Management indicated that the injured worker continued to have right ankle pain that was controlled with increase of his pain medications. It was noted that the continued pain in his right knee had been a contributing factor in increasing overall right lower extremity pain altering his gait and causing him more pressure on his ankle. It was also noted that the injured worker's new medication combination is helping him take the edge off his pain allowing him to remain functional in his activities of daily living with his family without adverse effects. On the physical examination done on 09/24/2013 revealed range of motion of the right knee was about 80 degrees of flexion and 110 extension and there was still edema and slight heat with no redness. There was no conservative care documented for the injured worker such as a home exercise regimen or physical therapy. The diagnoses included fibromyalgia/myositis, ankle/foot, and type 1, lower extremities. The drug screen submitted for the injured worker on 07/30/2013 was positive for Oxycodone, Noroxycodone, and Oxymorphone. The treatment plan included for decision for 45 tablets of

OxyContin 20 mg controlled release. The request for authorization was not submitted for this review.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**45 tablets of OxyContin 20mg controlled release:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Oxycodone Treatment Opioids, criteria for use Page(s): 78 & 92.

**Decision rationale:** The MTUS Chronic Pain Guidelines states that 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. OxyContin tablets are not intended for use as an as needed analgesic. The MTUS Chronic Pain Guidelines states that the criteria for continued use of opioids include an ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The pain assessment should include current pain level, the last reported pain over the period since last assessment, average pain intensity of pain after taking opioids, and how long it takes for the pain relief, and how long pain relief lasts. It also states for the 4 domains that have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug related behaviors. The documents that were submitted on 08/27/2013 had a lack of evidence of the injured worker attending conservative care such as physical therapy or a home exercise regimen. There was lack documentation of using the VAS scale to measure the injured worker's pain level and duration of pain while taking the opioid. In addition, the frequency or duration of the medication was not included in the request. As such, the request is not medically necessary and appropriate.