

Case Number:	CM13-0044550		
Date Assigned:	12/27/2013	Date of Injury:	11/17/1999
Decision Date:	02/24/2014	UR Denial Date:	10/01/2013
Priority:	Standard	Application Received:	10/30/2013

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 Physical Medicine and Rehabilitation, as a subspecialty in Pain Management 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:

This is of male patient with a date of injury of November 17, 1999. A utilization review determination dated October 1, 2013 recommends modified certification of Oxycodone, noncertification of OxyContin, and noncertification of Adderall. A urine drug screen performed on May 6, 2013 is positive for Adderall and Oxycodone. Additionally, methamphetamine and methadone are also detected. A progress report dated June 5, 2013 includes a subjective complaints of right ankle pain worse with walking and low back pain. The note states that the patient is stable using Oxycodone to control pain which allows walking and standing. Physical examination identifies right ankle swelling with decreased range of motion and antalgic gait. Diagnosis states right ankle pain and traumatic osteoarthritis. Treatment plan recommends Oxycodone, Adderall, Etodolac, and (illegible). A progress report dated July 3, 2013 states that Oxycodone is not giving 24 hour pain relief. The note seems to indicate that the patient's pain is reduced from 8/10 to 2/10 with Oxycodone. The note indicates that the patient is able to walk more. The treatment plan recommends the addition of OxyContin 40 mg BID. A progress report dated August 7, 2013 indicates that the right ankle pain persists and that the patient is able to be mobile and walk more. Physical examination identifies right ankle swelling, tenderness, and antalgic gait. Treatment plan recommends ongoing use of OxyContin, Oxycodone, and Adderall. A progress report dated September 17, 2013 indicates that the patient's medications were stolen. A progress report dated October 7, 2013 states, "discussed with patient that opiates are being disallowed, NSAIDs (non-steroidal anti-inflammatory drugs) are causing (illegible) ankle swelling, recommend continuing Oxycodone/OxyContin to (illegible) mobility." A progress report dated December 10, 2013 indicates that the urine drug screen was positive for methadone and methamphetamine. The note state

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Oxycodone 30mg #240: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (May 2009).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Opioids, 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 76-79 and 127.

Decision rationale: Regarding the request for Oxycodone, California Pain Medical Treatment Guidelines state that Oxycodone is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is some indication that the Oxycodone is improving the patient's function. It is unclear specifically how much pain reduction the patient has achieved with the use of opiate pain medication. One note seems to imply that the patient's pain score is reduced from 8/10 to 2/10, but this is unclear due to the poor legibility of a handwritten note. Other notes do not corroborate this specific amount of pain reduction. Additionally, there is no notation indicating how the patient is using the PRN Oxycodone, or any discussion regarding side effect from its use. Finally, there are significant red flags regarding aberrant use including: positive urine drug screen for methadone and methamphetamine, medications being stolen, and minimal objective improvement despite large doses of opiate pain medication. Furthermore, the requesting physician has recommended a drug rehabilitation program. As such, the ongoing use of opiate pain medication is not medically necessary.

1 prescription of Oxycontin 40mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (May 2009).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Opioids, 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 76-79 and 127.

Decision rationale: Regarding the request for Oxycontin, California Pain Medical Treatment Guidelines state that Oxycontin is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is some indication that the Oxycontin is improving the patient's function. It is unclear specifically how much pain reduction the patient has achieved with the use of Oxycontin. Additionally, there is no notation indicating any discussion regarding side effect from its use. Finally, there are significant red flags regarding aberrant use including: positive urine drug screen for methadone and methamphetamine,

medications being stolen, and minimal objective improvement despite large doses of opiate pain medication. Furthermore, the requesting physician has recommended a drug rehabilitation program. As such, the ongoing use of opiate pain medication is not medically necessary.