

Case Number:	CM13-0051166		
Date Assigned:	12/27/2013	Date of Injury:	01/22/2001
Decision Date:	05/08/2014	UR Denial Date:	10/16/2013
Priority:	Standard	Application Received:	11/14/2013

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 Occupational 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic pain syndrome, chronic low back pain, and chronic knee pain reportedly associated with an industrial injury of January 4, 2001. Thus far, the applicant has been treated with analgesic medications, a spinal cord stimulator; trigger point injection therapy and long and short-acting opioids. In a utilization review report of October 16, 2013, the claims administrator partially certified OxyContin 40 mg for weaning purposes. In a letter dated January 8, 2014, the applicant reports 8.5/10 right knee pain and 8.5/10 low back pain. The applicant also reports 10/10 knee pain. The applicant is status post spinal cord stimulator placement. The applicant is on OxyContin, Ambien, and Metformin. Authorization is sought for trigger point injections. OxyContin, Oxycodone, Tizanidine, Lyrica, and Lidoderm are endorsed. The applicant's work status is not provided on this occasion. It is stated that usage of OxyContin has afforded the applicant adequate daytime pain control and is allowing the applicant to walk 20 feet and stand 5 minutes. In a progress note of October 7, 2013, the applicant again reports 8/10 to 10/10 pain. It is again stated that the applicant's usage of OxyContin has afforded the applicant with the ability to walk 20 feet and stand 5 minutes. It is stated that the applicant should continue using opioids in excess of 120 morphine equivalents per day.

IMR ISSUES, DECISIONS AND RATIONALES

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

OXYCONTIN 40 MG TID #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When To Continue Opioids, Weaning of Medications Page(s): 80 & 124.

Decision rationale: OxyContin is an opioid. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy includes evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of ongoing opioid therapy. In this case, however, these criteria have not seemingly been met. The applicant's pain levels are so quite significant, ranging from 8.5/10 to 10/10 on multiple occasions referenced above. The applicant does not appear to return to work. The attending provider has reported only marginal improvement in activities of daily living, including the ability to walk 20 feet and stand up to 5 minutes continuously. This appears to be a negligible improvement despite ongoing opioid usage and is outweighed by the applicant's heightened pain scores and seeming failure to return to any form of work, several years removed from the date of injury. It is further noted that the applicant is also using a short-acting opioid, Oxycodone. Thus, it is not necessary to provide the applicant with a weaning or tapering supply of OxyContin. Accordingly, the request is not certified in light of the applicant's failure to meet the criteria set forth on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines for continuation of opioid therapy.