

Case Number:	CM13-0051246		
Date Assigned:	12/27/2013	Date of Injury:	07/27/2001
Decision Date:	05/21/2014	UR Denial Date:	10/01/2013
Priority:	Standard	Application Received:	10/14/2013

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 Internal 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:

This is a 58-year-old male with date of injury on July 21, 2001 where he fell from a ladder, twisted his knee, and had a direct blow to the ground. By the data available for review, he has had multiple knee surgeries, steroid and visco-supplementation injections, and multiple medication trials including non-opiate and non-steroidal anti-inflammatory drug (NSAID) medication. He was eventually put on a stable regimen of medication, which included a high dose opioid of OxyContin 80mg three times a day, in addition to adjunctive medications for pain. By the records reviewed, this regimen was stable for five years. His OxyContin was denied at some point and he went through withdrawals, which led to hospitalization. MS-Contin was approved to be substituted and the patient did poorly with increase in pain and decrease in function. Notes suggest that the requesting provider would like to use OxyContin 80mg TID (three times a day) again as it was working well in the past with improvements in pain scores and improvement in functionality. The request is for OxyContin 80mg TID (#90).

IMR ISSUES, DECISIONS AND RATIONALES

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

OXYCONTIN 80MG #90 (1 PILL 3 TIMES PER DAY): Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Page(s): 74-96.

Decision rationale: The patient was using chronic opioids in the past with good relief of his symptoms and had improved functional status. The treating physician had urine screens in the past to show no abuse, and there was no concern of escalation of dosage as the patient had been on a stable regimen for five years. He was under the care of one provider with consistent documentation of improvements of pain and functionality on the high dose opiate regiment and there was logical evidence for his treatment decisions. The patient was 'forced' to come off OxyContin when the medication was not approved in a timely fashion and he had withdrawal symptoms leading to a hospitalization. The requested change to MS Contin has been unsuccessful as there is documentation that his functional status has declined and his pain is worse. As such, by the MTUS guidelines, this patient has met criteria for a chronic, stable opioid regimen. It is recognized that it is a high dose, but as the notes indicate, the regimen has not escalated in over five years and the patient had clear evidence of improvement in pain scores and improvement in functionality while on the OxyContin regimen. Furthermore, trial to MS Contin did not succeed and documentation was provided of worsening pain scores and worsening function. As such, guidelines have been met, and the OxyContin 80mg TID (three times a day) regimen should be approved and the prior UR decision is overturned. Therefore the request is medically necessary.