

Case Number:	CM13-0060115		
Date Assigned:	12/30/2013	Date of Injury:	11/08/2002
Decision Date:	05/08/2014	UR Denial Date:	11/07/2013
Priority:	Standard	Application Received:	12/03/2013

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 Texas and Oklahoma. 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 55-year-old female who reported injury on 11/08/2002. The mechanism of injury was not provided. The medication history included opiates as of 2006. The documentation of 10/25/2013 revealed the injured worker had pain that was a 10/10 without OxyContin and with the use of OxyContin it was indicated the pain decreased to 7/10. The objective examination revealed the injured worker was not in acute distress. The injured worker had tenderness in the low back upon palpation and was wearing a knee brace for support on a daily basis. The diagnoses included low back pain with pars defect and radiculitis down the lower extremity with no history of nerve conduction study, internal derangement of the left knee status post arthroscopy in 02/2008 with medial meniscectomy and weight loss of 30 pounds. The treatment plan included a surgical procedure including excision of bursal tissues along the left knee, OxyContin for daily pain, a functional restoration program, Terocin patches and LidoPro Cream. It was indicated the injured worker was seen by pain management and was approved for OxyContin and had been utilizing OxyContin 3 tablets every 8 hours to decrease her pain level from 10/10 to 7/10. It was indicated the injured worker received a handwritten prescription for OxyContin 80 mg 3 tablets every 8 hours for a total of 270 tablets and the injured worker would need a refill of the medications for the next visit.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 PRESCRIPTION OF OXYCONTIN 80MG #270: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications For Chronic Pain, Ongoing Management, and Opioids Page(s): 60, 78, 86.

Decision rationale: The California MTUS Guidelines recommend opioids for chronic pain there should be documentation of objective improvement in function, objective decrease in pain and evidence the patient is being monitored for aberrant drug behavior and side effects. The cumulative dosing should not exceed 120 mg of oral morphine equivalents per day. The clinical documentation submitted for review indicated the injured worker had been taking the medication for greater than 1 year. There was lack of documentation of an objective improvement in function. It was indicated the injured worker's pain decreased from 10/10 to 7/10 with the medication. However, there was a lack of documentation indicating the injured worker was being monitored for aberrant drug behavior and side effects. Additionally, the cumulative dose of the daily oral morphine equivalents would be 1,080 mg. This exceeds the guideline recommendations for 120 mg. The request as submitted failed to indicate the frequency for the medication. Given the above, the request for 1 prescription of OxyContin 80 mg #270 is not medically necessary.

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