

Case Number:	CM13-0062671		
Date Assigned:	12/30/2013	Date of Injury:	12/18/1996
Decision Date:	06/04/2014	UR Denial Date:	11/29/2013
Priority:	Standard	Application Received:	12/09/2013

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:

This 67 year-old patient sustained an injury on 12/18/1996 while employed by [REDACTED]. Request(s) under consideration include OxyContin 80mg by mouth every 8 hours and OxyContin 30mg by mouth twice a day, as needed. Treatment continues for residual cervical and lumbar spine pain post-surgery, bilateral sacroiliac joint arthropathy, left knee, and right foot pain. Report of 10/18/13 from the provider noted unchanged pain complaints of neck, bilateral shoulders, upper, mid, and lower back, left knee, and right foot pain, interfering with ADL and sleep. Pain is rated at 5-7/10 and 10/10 without medications. The patient underwent SI joint block on 5/15/13 that provided 4 months relief. Exam showed lumbar spine tenderness over the PSIS bilaterally, positive Gaenslen's and Patrick's testing. Request(s) for OxyContin 80mg by mouth every 8 hours was modified to #68 and OxyContin 30mg by mouth twice a day, as needed to #30 to assist in weaning on 11/29/13 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

OXYCONTIN 80MG BY MOUTH EVERY 8 HOURS: Upheld

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

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

Decision rationale: This 67 year-old patient sustained an injury on 12/18/1996 while employed by [REDACTED]. Request(s) under consideration include OxyContin 80mg by mouth every 8 hours and OxyContin 30mg by mouth twice a day, as needed. Treatment continues for residual cervical and lumbar spine pain post-surgery, bilateral sacroiliac joint arthropathy, left knee, and right foot pain. Report of 10/18/13 from the provider noted unchanged pain complaints of neck, bilateral shoulders, upper, mid, and lower back, left knee, and right foot pain, interfering with ADL and sleep. Pain is rated at 5-7/10 and 10/10 without medications. The patient underwent SI joint block on 5/15/13 that provided 4 months relief. The exam showed lumbar spine tenderness over the PSIS bilaterally, positive Gaenslen's and Patrick's testing. Request(s) for OxyContin 80mg by mouth every 8 hours was modified to #68 and OxyContin 30mg by mouth twice a day, as needed to #30 to assist in weaning on 11/29/13 citing guidelines criteria and lack of medical necessity. Per the MTUS Guidelines cited, opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. The patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). The physician submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or change in work status. There is no evidence presented of random drug testing or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain. There has been multiple recommendation from various specialists include psychiatry concerned over the continued high MED of opiates for this chronic injury of 1996 with concurrent use of benzodiazepines. Additionally, multiple reviews dating back to at least 2012 with reference to lack of functional benefit derived from high long-term use of opiates recommended tapering which were not adhered. The OxyContin 80mg by mouth every 8 hours and OxyContin 30mg by mouth twice a day, as needed are not medically necessary and appropriate.

OXYCONTIN 30MG BY MOUTH TWICE A DAY, AS NEEDED: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management.

Decision rationale: This 67 year-old patient sustained an injury on 12/18/1996 while employed by [REDACTED]. Request(s) under consideration include OxyContin 80mg by mouth every 8 hours and OxyContin 30mg by mouth twice a day, as needed. Treatment continues for residual cervical and lumbar spine pain post-surgery, bilateral sacroiliac joint arthropathy, left knee, and

right foot pain. Report of 10/18/13 from the provider noted unchanged pain complaints of neck, bilateral shoulders, upper, mid, and lower back, left knee, and right foot pain, interfering with ADL and sleep. Pain is rated at 5-7/10 and 10/10 without medications. The patient underwent SI joint block on 5/15/13 that provided 4 months relief. The exam showed lumbar spine tenderness over the PSIS bilaterally, positive Gaenslen's and Patrick's testing. Request(s) for OxyContin 80mg by mouth every 8 hours was modified to #68 and OxyContin 30mg by mouth twice a day, as needed to #30 to assist in weaning on 11/29/13 citing guidelines criteria and lack of medical necessity. Per the MTUS Guidelines cited, opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. The patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). The physician submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or change in work status. There is no evidence presented of random drug testing or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain. There has been multiple recommendation from various specialists include psychiatry concerned over the continued high MED of opiates for this chronic injury of 1996 with concurrent use of benzodiazepines. Additionally, multiple reviews dating back to at least 2012 with reference to lack of functional benefit derived from high long-term use of opiates recommended tapering which were not adhered. The OxyContin 80mg by mouth every 8 hours and OxyContin 30mg by mouth twice a day, as needed are not medically necessary and appropriate.