

Case Number:	CM13-0066124		
Date Assigned:	01/08/2014	Date of Injury:	12/21/1999
Decision Date:	04/07/2014	UR Denial Date:	11/22/2013
Priority:	Standard	Application Received:	12/16/2013

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 & Rehabilitation, has a subspecialty in Interventional Spine 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:

The patient is a 57 year old female with date of injury 12/21/99. The treating physician report dated 11/1/13 indicates the patient has a chronic history of myofascial pain along with spasms in the upper to mid back. The current diagnoses are: 1.Four extremity complex regional pain syndrome 2.Bilateral shoulder arthropathy 3.Left knee arthropathy, status post left knee surgery 4.Status post right shoulder surgery 5.Reactive insomnia The utilization review report dated 11/22/13 denied the request for Oxycontin 20mg ER #90 based on lack of medical necessity stating that only one report was reviewed. The Dilaudid 4mgm 1-2 tablets q3-4 hours was modified to Dilaudid 4mg 1 tablet tid #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dilaudid 1-2 tabs Q3-4 hrs for pain flares: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 80-82; 88-96.

Decision rationale: The Physician Reviewer's decision rationale: The patient presents with chronic back pain that worsened by 20% following decreased authorization of Oxycontin and Dilaudid. The treating physician on 11/1/13 indicates that the patient's pain level is elevated to a 7-8/10 from the previous months 5-6/10. There is also documentation stating that prior to the decreased dosages of Oxycontin and Dilaudid the patient was able to participate in an exercise program and had lost 17 pounds. The reduction in medication caused her to be unable to exercise and she experienced decreased ability to perform activities of daily living. I have reviewed the treating physician reports from 1/17/13, 1/23/13, 2/15/13, 6/14/13, 8/9/13, 9/6/13 and 11/1/13 including the 3 page supplemental report / appeal report. There is a compelling argument from the treater to have the patient continue with Oxycontin and Dilaudid as he has prescribed. The MTUS guidelines specifically address the use of opioids and the criteria for their usage. The treating physician has documented that the prescribed medications have been instrumental in helping the patient function. The improvement in function allowed the patient to tolerate an exercise program that helped her lose weight and improve her tolerance for ADLs. The documentation of pain being assessed along with functional tolerance for ADLs and exercise is also documented. The MTUS guidelines state "Document pain and functional improvement and compare to baseline. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 75 also states regarding short-acting opiates, "Short-acting opioids: also known as "normal-release" or "immediate-release" opioids are seen as an effective method in controlling chronic pain. They are often used for intermittent or breakthrough pain." The treating physician reports document that the required criteria for opioid usage has been met. Recommendation is for Authorization.

Oxycontin 20MG ER #90 1 TID: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 80-82; 88-96.

Decision rationale: The treating physician reports document that the required criteria for opioid usage has been met. Recommendation is for Authorization. The patient presents with chronic back pain that worsened by 20% following decreased authorization of Oxycontin and Dilaudid. The treating physician on 11/1/13 indicates that the patient's pain level is elevated to a 7-8/10 from the previous months 5-6/10. There is also documentation stating that prior to the decreased dosages of Oxycontin and Dilaudid the patient was able to participate in an exercise program and had lost 17 pounds. The reduction in medication caused her to be unable to exercise and she experienced decreased ability to perform activities of daily living. I have reviewed the treating physician reports from 1/17/13, 1/23/13, 2/15/13, 6/14/13, 8/9/13, 9/6/13 and 11/1/13 including the 3 page supplemental report / appeal report. There is a compelling argument from the treater to have the patient continue with Oxycontin and Dilaudid as he has prescribed. The MTUS guidelines specifically address the use of opioids and the criteria for their usage. The treating

physician has documented that the prescribed medications have been instrumental in helping the patient function. The improvement in function allowed the patient to tolerate an exercise program that helped her lose weight and improve her tolerance for ADLs. The documentation of pain being assessed along with functional tolerance for ADLs and exercise is also documented. The MTUS guidelines state "Document pain and functional improvement and compare to baseline. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." The treating physician reports document that the required criteria for opioid usage has been met. Recommendation is for Authorization.