

<b>Case Number:</b>	CM14-0102405		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	12/06/1996
<b>Decision Date:</b>	10/17/2014	<b>UR Denial Date:</b>	06/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/02/2014

### 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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 patient is a 51-year-old male who has submitted a claim for osteochondritis dissecans associated with an industrial injury date of December 6, 1996. Medical records from 2014 were reviewed, which showed that the patient complained of pain in his head, shoulders, upper arms, upper back and bilateral lower legs. Pain was described to be 10 out of 10 at worst, 4/10 at least and 6/10 usually. Pain interferes with sleep, activities and family. Examination revealed mild antalgic gait, arm and hand numbness, normal strength of the upper extremities, normal neurologic exam and a positive mood. Treatment to date has included ice packs, rest, cognitive behavioral therapy, and medications (Oxycodone and OxyContin). The medications allegedly provided only partial relief. A recent urine drug screen showed consistent results with the medications that the patient was taking. Utilization review from June 25, 2014 denied the request for Oxycodone IR 5mg #60, Oxycontin ER 20mg #90 and Oxycontin ER 20mg #60 because records indicate no findings of improved pain relief or function.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Oxycodone IR 5mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Ongoing Management Page(s): 78-81.

**Decision rationale:** As stated on pages 78-80 of CA MTUS Chronic Pain Medical Treatment Guidelines, there are no trials of long-term opioid use in neuropathic pain. Failure to respond to a time-limited course of opioids has led to the suggestion of reassessment and consideration of alternative therapy. Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, the patient had been taking Oxycodone for pain since at least April 2014. The records indicate only a minimal relief in terms of pain reduction. Patient still has problems with ADLS and sleep. Also, there is neither a documentation of a plan to taper the medication nor evidence of a trial to use the lowest possible dose. Adverse effects were not adequately explored. The medical necessity for continued use is not established because the guideline criteria are not met. Therefore, the request for Oxycodone IR 5mg #60 is not medically necessary.

**Oxycontin ER 20mg #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Ongoing Management Page(s): 78-81.

**Decision rationale:** As stated on pages 78-80 of CA MTUS Chronic Pain Medical Treatment Guidelines, there are no trials of long-term opioid use in neuropathic pain. Failure to respond to a time-limited course of opioids has led to the suggestion of reassessment and consideration of alternative therapy. Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, the patient had been taking Oxycontin for pain since at least April 2014. The records indicate only a minimal relief in terms of pain reduction. Patient still has problems with ADLS, and sleep. Also, there is neither a documentation of a plan to taper the medication nor evidence of a trial to use the lowest possible dose. Adverse effects were not adequately explored. The medical necessity for continued use is not established because the guideline criteria are not met. Therefore, the request for Oxycontin ER 20mg #90 is not medically necessary.

**Oxycontin ER 20mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Ongoing Management Page(s): 78-81.

**Decision rationale:** As stated on pages 78-80 of CA MTUS Chronic Pain Medical Treatment Guidelines, there are no trials of long-term opioid use in neuropathic pain. Failure to respond to a time-limited course of opioids has led to the suggestion of reassessment and consideration of alternative therapy. Four domains have been proposed as most relevant for ongoing monitoring of CHRONIC pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, the patient had been taking Oxycontin for pain since at least April 2014. The records indicate only a minimal relief in terms of pain reduction. Patient still has problems with ADLS, and sleep. Also, there is neither a documentation of a plan to taper the medication nor evidence of a trial to use the lowest possible dose. Adverse effects were not adequately explored. The medical necessity for continued use is not established because the guideline criteria are not met. Therefore, the request for Oxycontin ER 20mg #60 is not medically necessary.