

<b>Case Number:</b>	CM14-0106035		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	01/22/2001
<b>Decision Date:</b>	09/16/2014	<b>UR Denial Date:</b>	06/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/09/2014

### 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 Physical Medicine and 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 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 53-year-old female with an injury date of 01/22/2001. According to the 05/27/2014 progress report, the patient complains of right knee pain, rating it as an 8/10, and lower back pain which she rates as an 8-9/10. "Due to increase in bilateral thoracolumbar paravertebral myofascial spasm and pain, the patient notes decreased ability to perform ADLs and her daily exercise program." The 03/31/2014 report also indicates that the patient went through a series of 3 right knee joint injections with Orthovisc 30 mg/2 mL in February of 2014 and the patient noted 50% relief of her right knee arthralgia. The patient has marked tenderness on the right knee joint line with mild effusion. She also has moderate myofascial spasm and tenderness noted on the bilateral temporalis, bilateral splenius capitis, bilateral semispinalis cervicis, bilateral shoulders, and bilateral thoracic paravertebral muscles. Moderate bilateral occipital and tenderness was noted with pressure provoking the patient's usual occipital headache. Allodynia was noted over the right patella, hyperalgesia was noted superior to the right patella, and there was a decreased sensation to light touch without allodynia noted in the right anterior thigh. Marked tenderness was noted over the right knee joint line and at the insertion of the right medial collateral ligament. The patient's diagnoses include the following: 1. Right knee arthralgia. 2. Right degenerative osteoarthritis. 3. Complex regional pain syndrome type 1 right lower extremity. 4. Low back pain. 5. Disk protrusions at L3-L4 and L4-L5. 6. Rule out lumbar discogenic pain. 7. Right L5 radiculopathy. 8. Sleep disturbance and depression. 9. Status post implantation right L4-L5 Pisces-Quad neuroelectrode and rechargeable reserve pulse generator 12/01/2011. 10. Right foot and right ankle pain and tenderness. The utilization review determination being challenged is dated 06/27/2014. Treatment reports were provided from 12/09/2013 - 05/27/2014.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**OxyContin 40 mg #120, 2 units:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines Opioids, Opioid Dosing, Weaning of Medications Page(s): 124.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain, page(s) 60, 61 and Criteria for Use of Opioids Page(s): 60, 61 88, 89.

**Decision rationale:** Based on the 05/27/2014 progress report, the patient presents with pain in her right knee and her lower back. The request is for OxyContin 40 mg #120, 2 units. The patient has been taking OxyContin as early as 12/09/2013. The 12/09/2013 report indicates that the patient had decreased her intake on OxyContin, a 20% dose decrease, resulting in a mild pain increase and mild decrease in ability to perform ADLs. The 03/31/2014 report indicates that the patient has a "modified approval of current Oxycodone 5 mg t.i.d. p.r.n. #90 and OxyContin 40 mg, 2 tablets q.8 #180 for 1 month to allow 'weaning purposes' at the treating physician's discretion. If weaning does not take place, then a peer-to-peer discussion is recommended." The 05/27/2014 report also indicates that the patient has a "modified approval of current oxycodone 5 mg t.i.d. p.r.n. #90 and OxyContin 40 mg 2 tablets q.8 #180 for 1 month to allow 'weaning purposes' at the treating physician's discretion. If weaning does not take place, then a peer-to-peer discussion is recommended." From 07/01/2013 to 09/29/2013, the patient was approved to take OxyContin 40 mg, 2 tablets q.8 #180 for 1 month; from 09/27/2013 to 11/11/2013, the patient was allowed to take OxyContin 40 mg #150 for weaning purposes; currently, the patient is allowed to take OxyContin 40 mg 2 q.a.m., 1 q.p.m., and 1 q.h.s. (160 mg). The treater has been weaning the patient's OxyContin off for the past few months as indicated previously. For chronic opiate use, the MTUS Guidelines pages 88 and 89 require function documentation using a numerical scale, validated instrument at least once every 6 months, 4 A's (analgesia, ADLs, adverse side effects, and adverse behavior), current pain, average pain, least pain, time it takes for medication to work, duration of pain relief with medication, etc. Although there are no discussions provided in regard to how OxyContin has been beneficial for the patient, the patient is being slowly weaned with current request at #120 of OxyContin, down from #150 previously. The request is medically necessary.