

Case Number:	CM14-0010989		
Date Assigned:	02/21/2014	Date of Injury:	05/21/2004
Decision Date:	06/26/2014	UR Denial Date:	01/13/2014
Priority:	Standard	Application Received:	01/27/2014

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 Pain Management, 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 is a patient with a date of injury of 5/21/04. A utilization review determination dated 1/13/14 recommends non-certification of Oxycodone, OxyContin, and Ativan. 1/3/14 medical report identifies bilateral knee and low back pain 5/10. She has tried physical therapy (PT), transcutaneous electrical nerve stimulation (TENS), heating pad, ice, injections, exercise, steroids, surgery, massage, and medications. She was in the emergency room (ER) the week prior feeling like she could not breathe, which improved after being placed on Lasix and "she dumped some of the water from her body." The patient noted that she cannot stop the medication abruptly as she has tried before and became very sick. She states that, without the pain medication, she virtually cannot walk due to the pain. She can get around to do her daily activities with some difficulty, but it's still manageable, but without the medication, she cannot walk for more than 50 feet without experiencing significant pain in the knees, and it affects her ability to care for her elderly mother. She would like to get off of the medication and is willing to use any method effective at doing this, even if it means she would have some level of increased pain. The side effects are low and do not impair her. On exam, gait is antalgic with an unsteady step and slight tremor at the knees upon weightbearing while in flexed extension. The provider recommended ordering urine drug screen (UDS), liver function tests (LFTs), and blood urea nitrogen/creatinine (BUN/CR) in addition to refilling the medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

60 TABLETS OF OXYCODONE 5 MG: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, OPIOIDS, ,

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines OPIOIDS, , Page(s): 76-79; 120;.

Decision rationale: The Chronic Pain Guidelines state that oxycodone is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, the patient notes that the medications allow her to do her daily activities with some manageable difficulty, but without the medication, she cannot walk for more than 50 feet without experiencing significant pain in the knees, and it affects her ability to care for her elderly mother. The patient noted that she cannot stop the medication abruptly as she has tried before and became very sick. She states that, without the pain medication, she virtually cannot walk due to the pain. The side effects are noted to be low and do not impair her. However, there is no documentation of appropriate medication use with urine drug screening demonstrating compliance, discussion of aberrant behaviors, etc. The current request is for 60 tablets of Oxycodone, which should give the treating physician time to document the above issues. As such, the currently requested 60 tablets of Oxycodone 5mg is medically necessary.

60 TABLETS OF OXYCONTIN EXTENDED RELAEASE 10 MG: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, ,

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, OPIOIDS Page(s): 76-79; 120; 127.

Decision rationale: The Chronic Pain Guidelines state that oxycodone is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, the patient notes that the medications allow her to do her daily activities with some manageable difficulty, but without the medication, she cannot walk for more than 50 feet without experiencing significant pain in the knees, and it affects her ability to care for her elderly mother. The patient noted that she cannot stop the medication abruptly as she has tried before and became very sick. She states that, without the pain medication, she virtually cannot walk due to the pain. The side effects are noted to be low and do not impair her. However, there is no documentation of appropriate medication use with urine drug screening demonstrating compliance, discussion of aberrant behaviors, etc. The current request is for 60 tablets of Oxycotin, which should give the treating

physician time to document the above issues. As such, the currently requested 60 tablets of Oxycontin extended release (ER) 10mg is medically necessary.

30 TABLETS ATIVAN 1 MG: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENTGUIDELINES, BENZODIAZEPINES, ,

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines 8 C.C.R. §§9792.20 - 9792.26 MTUS (Effective July 18,.

Decision rationale: The Chronic Pain Guidelines state that benzodiazepines are "Not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks... Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant." Within the documentation available for review, there is no documentation identifying any objective functional improvement as a result of the use of the Ativan and it appears that the medication is being prescribed for long-term use, which is not supported by the guidelines. In light of the above issues, the currently requested 30 tablets Ativan 1mg is not medically necessary.