

Case Number:	CM14-0011870		
Date Assigned:	02/21/2014	Date of Injury:	11/08/1999
Decision Date:	07/24/2014	UR Denial Date:	01/20/2014
Priority:	Standard	Application Received:	01/29/2014

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 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 47-year-old female with an 11/08/1999 date of injury. A specific mechanism of injury was not described. On 1/20/14 the determination was modified to include Oxycontin 80mg #30. Oxycodone HCL #90 and Duragesic 100mcg/hr #15 were non-certified. Reasons for non-certification included no documentation of subjective and objective benefit from the medications. The request for 30 pills of Oxycontin was certified to allow for tapering of the medication. A 12/31/13 medical report identifies chronic severe low back pain and radiating lower extremity pain. She had major post-surgical complications including foot drop on the right and history of deep vein thrombosis (DVT), leg giving away with neurologic issues, and distal lower extremity edema. The pain is rated a 4/10 with medications and a 10/10 without medications. The medications kept the patient functional, allowing for increased mobility, and tolerance of activities of daily living (ADLs) and home exercises. No side effects associated with the medications were noted. An examination revealed deep tendon reflexes decreased equally, absent ankle reflex on the right and trace positive reflex on the left. The provider indicated that the benefits and possible side effects were understood by the patient and she agreed to be compliant with medication usage. The medications prescribed provide analgesia, help with ADL performance, improve affect and overall quality of life without any intolerable side effects. There were no signs of aberrant behaviors of abuse. Urine drug test (UDT) and controlled substance utilization review and evaluation system (CURES) were appropriate. It also stated that oxycodone is taken for breakthrough pain and Oxycontin is taken for continuous pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

MED: OXYCODONE HCL 15MG #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS, ONGOING MANAGEMENT.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 79-81. Decision based on Non-MTUS Citation www.americanpainsociety.org.

Decision rationale: The Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The patient had chronic severe low back pain and radiating lower extremity pain. There was appropriate documentation of continued analgesia, continued functional benefit, and lack of adverse side effects. In addition, the medical report stated that oxycodone is taken for breakthrough pain and Oxycontin for continuous pain. However, it is noted that the patient was on more than 600 morphine equivalents/day, which is not supported by Opioid Treatment Guidelines. There was a prior adverse determination recommending reduction of OxyContin 80 mg 3 times daily, down to 80 mg once a day. This is a significant reduction and may even precipitate withdrawal. The immediate release oxycodone was recommended for non-certification to initiate taper of 10% per month. OxyContin should be continued until such time as the fentanyl and OxyContin can also be weaned.

OXYCONTIN 80MG #90,: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids, ongoing management.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 79-81. Decision based on Non-MTUS Citation www.americanpainsociety.org.

Decision rationale: The Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The patient had chronic severe low back pain and radiating lower extremity pain. There was appropriate documentation of continued analgesia, continued functional benefit, and lack of adverse side effects. In addition, the medical report stated that oxycodone is taken for breakthrough pain and Oxycontin for continuous pain. However, it is noted that the patient was on more than 600 morphine equivalents/day, which is not supported by Opioid Treatment Guidelines. There was a prior adverse determination recommending reduction of OxyContin 80 mg 3 times daily, down to 80 mg once a day. This is a significant reduction and may even precipitate withdrawal. The immediate release oxycodone was recommended for non-certification to initiate taper of 10% per month. OxyContin should be continued until such time as the fentanyl and OxyContin can also be weaned.

DURAGESIC 100 MCG/HR #15: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS, ONGOING MANAGEMENT.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duragesic Page(s): 44. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Opioid, Specific drug list.

Decision rationale: The patient has chronic low back pain with appropriate analgesia from current medications. There is also appropriate medication monitoring. Chronic Pain Medical Treatment Guidelines state that Duragesic is indicated in the management of chronic pain in patients who require continuous opioid analgesia for pain that cannot be managed by other means, but is not recommended as a first-line therapy. In addition, ODG states that Duragesic should only be used in patients who are currently on opioid therapy for which tolerance has developed. Tolerance to opioids have been documented by the amount of medication taken by the patient. He was taking oxycodone 80mg three times a day and also Oxycontin 15mg, which in addition to Duragesic patch, was providing more than 600 morphine equivalents/day. This dosage is not supported by the guidelines and there was not rationale for the prescription of such a high dose of equivalents per day. The medication approved in this decision should be used to initiate downward titration and complete discontinuation of medication. Keeping the fentanyl patch as well as the OxyContin until a re-evaluation would allow for assessment of opiate withdrawal.