

Case Number:	CM14-0159399		
Date Assigned:	10/03/2014	Date of Injury:	02/03/2000
Decision Date:	10/29/2014	UR Denial Date:	09/04/2014
Priority:	Standard	Application Received:	09/29/2014

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 Occupational Medicine 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:

According to the provided documents, this is 55 year-old woman with an injury date on 2/3/2000. She reportedly sustained injuries that included the low back, neck and arms while lifting heavy objects. Treatments included bilateral carpal tunnel releases, cervical fusion C5-6 in 1985, medications, physical therapy and transcutaneous electrical nerve stimulation. The disputed treatment is oxycodone 5 mg #120 addressed in a utilization review determination letter from 9/4/14. There is an 8/14/14 progress report that indicates that the patient continues to have back, neck and wrist pain. Work comp has not been providing her with OxyContin and her pain has not been well controlled. Symptoms of gastrointestinal symptoms have been alleviated without having opiates in her system 24/7. She reports of having muscle pains in the morning and the afternoon and she is going to try oxycodone IR to see if that will manage her pain without increasing her gastrointestinal complaints. The history of injury states that the patient is still taking BuSpar, Ambien, and Voltaren gel 1%. There is no mention of what the patient's Visual Analog Scale (VAS) pain ratings were before the OxyContin was stopped and after the object OxyContin was stopped. There is no mention of any specific decrease in the patient's functional status as a result of stopping the OxyContin. The report indicates that previously she had been using extended-release OxyContin 10 mg twice a day. Examination indicates pain level was 6 of 10. She had decreased range of motion of the neck and decreased grip strength bilaterally. There is myofascial tenderness in the neck and lumbar sacral areas. Diagnoses are lumbago, facet arthropathy, cervical, degenerative disc disease cervical, cervicalgia, carpal tunnel syndrome, arm pain, and adjustment disorder with anxiety. There is an order for oxycodone 5 mg every 6 hours for chronic upper extremity pain #120. Also provided is a 7/3/14 progress note that indicates that the patient was off the OxyContin and her chronic pain was worse but the constipation was better. At that visit the patient estimated 30-40% rate relief of

pain with medications (reviewer comment: this apparently is without the OxyContin). Patient last worked in 2010. She recently had a tooth fracture and the dentist thinks her medications may have contributed to that. This report orders Butrans 5 g transdermal film which is apparently a new prescription. The report states that the plan is to cancel the OxyContin and start a trial of Butrans and taper and decrease the BuSpar. The report from 8/14/14 included the Butrans and the list of current medications but as noted above did not mention use in the history of present illness. That report did not mention the patient's response to the Butrans. A 2/7/14 report indicates the patient was complaining of bilateral lower extremity, neck and upper extremity pain reportedly well-controlled on OxyContin, BuSpar, Voltaren gel and Flexeril. Pain was 6/10. Note is made that this is the same as was cited in the 8/14/14 report when the patient was off of the OxyContin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone 5 MG #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-84,88-89,92.

Decision rationale: the place of the previously discontinued OxyContin. However, there is no documentation that when the patient discontinued the OxyContin there was any decline in the patient's functional status. Although she complains subjectively of some increased pain, the reports indicate the pain ratings on the visual analog scale were 6/10 when she had been using the OxyContin and when she was not using the OxyContin. Additionally, the patient was prescribed a long-acting opioid patch, Butrans, the visit before the oxycodone was prescribed and reports are not clear whether or not the patient ever filled that medication and started using it and if she did what the responses were. Also, patient had had significant problems with constipation which were relieved when the OxyContin was discontinued. This is also a side effect of oxycodone. In the absence of any documentation that the patient was getting functional benefit from the previous OxyContin or that there was functional decline when she was off of it there is no rationale to support starting a short acting opiate in its place. MTUS guidelines do not support chronic opiate use that does not result in objective functional benefit which is not documented here. Therefore, based upon the evidence and the guidelines, initiating treatment with oxycodone 5 mg is not medically necessary.