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| Case Number: | CM14-0170964 | | |
| Date Assigned: | 10/23/2014 | Date of Injury: | 11/05/1998 |
| Decision Date: | 11/21/2014 | UR Denial Date: | 09/16/2014 |
| Priority: | Standard | Application Received: | 10/16/2014 |

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 New York and North Carolina. 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 patient, a 59 year old woman, claims injury 11/5/1998, and is diagnosed with lumbago. They are appealing the 9/16/14 denial of oxycodone 30 mg, Oxycontin 80 mg, and Motrin 800 mg (the Motrin was approved). The utilization reviewer suggested weaning the Oxycontin (and dispensing #86 instead of #110) and the oxycodone (#72 instead of #80). The only clinical information submitted is within the utilization review. They note that the patient was seen for bilateral hip , knee and right shoulder pain. The medication helps the hip, shoulder and knee pain. With medication, she noted that her pain level decreased from 10/10 to 1/10.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone 30mg, #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use Page(s): 76-80.

Decision rationale: This patient was injured almost 16 years ago. There is no information about the chronicity of narcotic use, however. I am unable to apply appropriate criteria with the CA MTUS, with no clinical information available for review. It is not clear whether this person is in

a trial phase or beyond. I cannot apply criteria from the chronic pain guidelines for when to continue opioids - there is no information about whether the patient returned to work and had improvement in function and pain level. There is not information that makes it clear whether opioids should be discontinued - no overall improvement in function, continuing pain with evidence of intolerable side effects, decrease in function, resolution of pain, serious non-adherence, patient requests to stop, etc. There is no indication that the treating provider is adhering to the principles of ongoing management, including assessing the patient for the four A's for monitoring: analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors.) Medical necessity has not been established for narcotic use, so the request cannot be approved.

Oxycodone 80mg #110: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use.

Decision rationale: This patient was injured almost 16 years ago, yet no medical records were included for review. There is no information about the chronicity of narcotic use, however. I am unable to apply appropriate criteria with CA MTUS, with no clinical information available for review. It is not clear whether this person is in a trial phase or beyond. I cannot apply criteria from the chronic pain guidelines for when to continue opioids - there is no information about whether the patient returned to work and had improvement in function and pain level. There is not information that makes it clear whether opioids should be discontinued - no overall improvement in function, continuing pain with evidence of intolerable side effects, decrease in function, resolution of pain, serious non-adherence, patient requests to stop, etc. There is no indication that the treating provider is adhering to the principles of ongoing management, including assessing the patient for the four A's for monitoring: analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors.) Medical necessity has not been established for narcotic use, so the request cannot be approved.