

Case Number:	CM14-0020069		
Date Assigned:	04/25/2014	Date of Injury:	04/20/1988
Decision Date:	10/01/2014	UR Denial Date:	01/23/2014
Priority:	Standard	Application Received:	02/18/2014

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, 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 59 year old female who was injured on 04/20/1988 when she slipped and hit her right knee on the floor. The patient underwent left shoulder surgery in 2009 and right TKA in 11/01/2011. Prior medication history included Oxycontin, Restoril, Prilosec, Gabapentin, Diazepam, Percocet and cyclobenzaprine. Progress report dated 03/05/2014 indicates the patient presented with a history of left shoulder pain and right knee pain. Her knee pain is intense with swelling and increased pain and numbness along the outer side of the knee. She rated her pain as 10/10. Objective findings on exam revealed an antalgic gait and utilize a cane for support. There are no measurable objective findings for review. She has a diagnosis of shoulder pain, knee pain, and hypertension. She was recommended Oxycontin which she has been utilizing since 01/09/2013 (No VAS provided). Prior utilization review dated 01/23/2014 states the request for Oxycontin Extended Release 20mg, #14 is denied as medical necessity has not been established; Oxycontin Extended Release 10mg, #28 is denied as medical necessity has not been established; and Restoril 30mg, #30 is denied as benzodiazepines are recommended for short term use only.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin ER 20mg #14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids- Criteria For Use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria For Use Of Opioids Page(s): 76-96.

Decision rationale: As per CA MTUS guidelines, OxyContin is a controlled, extended and sustained release preparations should be reserved for patients with chronic pain, who are need of continuous treatment. Guidelines indicate that "four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids; pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors)." In this case, there is no documentation of significant reduction in pain level (i.e. VAS) or objective functional improvement with the use of this medication. There is no documentation of recent urine drug screen to monitor the patient's compliance. Therefore, the request for OxyContin is not considered medically necessary per guidelines.

Oxycontin ER 10mg #28: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids-Specific Drug List.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria For Use Of Opioids Page(s): 76-96.

Decision rationale: As per CA MTUS guidelines, OxyContin is a controlled, extended and sustained release preparations should be reserved for patients with chronic pain, who are need of continuous treatment. Guidelines indicate that "four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids; pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors)." In this case, there is no documentation of significant reduction in pain level (i.e. VAS) or objective functional improvement with the use of this medication. There is no documentation of recent urine drug screen to monitor the patient's compliance. Therefore, the request for OxyContin is not considered medically necessary per guidelines.

Restoril 30mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chapter -Pain Insomnia Treatment

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepine Page(s): 24.

Decision rationale: Per ODG, Pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. These medications are only recommended for short-term use due to risk of tolerance, dependence, and adverse events. Proper sleep hygiene is critical to the individual with chronic pain and often is hard to obtain. 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. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. Furthermore, there is no documentation of any significant improvement in sleep with prior use in this injured worker. Thus, the request is not medically necessary.