

Case Number:	CM14-0022319		
Date Assigned:	05/09/2014	Date of Injury:	04/09/2002
Decision Date:	07/10/2014	UR Denial Date:	02/11/2014
Priority:	Standard	Application Received:	02/21/2014

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 Family Medicine and is licensed to practice in New Jersey. 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 worker is a 58 year old female who injured her knees and right elbow on 4/9/02. She was diagnosed with internal derangement of bilateral knees and right medial epicondylitis. The treatment regimen over the years following her injury has included physical therapy, opioids, glucosamine/chondroitin, acupuncture, surgery right knee--total replacement, and knee joint injections. The worker has primarily been relying on her opioid medications for pain relief and has been able to work full time with the use of these medications. On 1/31/14, the worker was seen by her treating physician reporting having had a flare-up of pain in her left knee 3 weeks prior, which was then resolved, but she still complained of her typical level of constant bilateral knee pain and right elbow pain (5/10 pain scale). She reported numbness and tingling in her right leg, which she has reported before and was residual after her knee surgery. It was noted that the worker was able to lift a gallon of milk and was able to work full time, and had an ergonomic set up at work to help her function. Her poor sleep was discussed, related to her pain, and states that she uses Norco, Opana, and Oxycodone to help reduce the pain during the day and at night. Physical examination was unremarkable. Her treating physician then provided a prescription for her to continue using Opana 20 mg (#60), Norco 10/325 mg (#30), Oxycodone 5 mg (#60), and Glucosamine 500 mg (#90), which was intended to last her until the next appointment, which would have been approximately 1 month later. A request for authorization for these medications was already approved and a request for a future prescription to be given to the worker the next month was made. On 3/6 (approximately 1 month later) she was seen again by her treating physician with the intention of providing her with a renewal of these medications to provide her medication essentially for the month of March.

IMR ISSUES, DECISIONS AND RATIONALES

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

OPANA 20MG QTY: 60.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 78-80, 86,87.

Decision rationale: California MTUS Chronic Pain Medical Treatment Guidelines require there to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening, review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use of opioids requires this comprehensive review with documentation to justify continuation. Continuation of opioids is recommended when the patient has returned to work and/or if the patient has improved function and pain. Also, the MTUS Chronic Pain Guidelines recommend that dosing of opioids not exceed 120 mg or oral morphine equivalents per day, and only with a pain specialist would exceeding this amount be considered. In the case of this worker, the denial of the request for Norco, Opana, and Oxycodone was based on the incorrect timing of request. Yet, when looking at the encounter dates and requests, it seems appropriate that the requesting physician make a prospective request on the date 2/3/14 in preparation for the following encounter date, which ended up being 3/6/14, and so there would not have been any early prescription for the worker. However, it appears that the worker had not been following the recommended dosing limits stated above as she was taking as much as 145 mg of oral morphine equivalents per day over the prior months, and this was being managed by her orthopedic doctor, and not a pain specialist at the time. It appears the worker is appropriate to continue using opioids as she is gaining function and pain relief. However, weaning would be recommended or at least referral to a pain specialist to manage these medications. Therefore, due to the exceeding of opioid dosing beyond MTUS recommendations, the Opana 20 mg #60, Norco 10/325 mg #30, and Oxycodone 5mg #60 are each not medically necessary.

NORCO 10/325MG QTY: 30.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 78-80, 86,87.

Decision rationale: California MTUS Chronic Pain Medical Treatment Guidelines require there to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening, review of non-opioid means

of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use of opioids requires this comprehensive review with documentation to justify continuation. Continuation of opioids is recommended when the patient has returned to work and/or if the patient has improved function and pain. Also, the MTUS Chronic Pain Guidelines recommend that dosing of opioids not exceed 120 mg or oral morphine equivalents per day, and only with a pain specialist would exceeding this amount be considered. In the case of this worker, the denial of the request for Norco, Opana, and Oxycodone was based on the incorrect timing of request. Yet, when looking at the encounter dates and requests, it seems appropriate that the requesting physician make a prospective request on the date 2/3/14 in preparation for the following encounter date, which ended up being 3/6/14, and so there would not have been any early prescription for the worker. However, it appears that the worker had not been following the recommended dosing limits stated above as she was taking as much as 145 mg of oral morphine equivalents per day over the prior months, and this was being managed by her orthopedic doctor, and not a pain specialist at the time. It appears the worker is appropriate to continue using opioids as she is gaining function and pain relief. However, weaning would be recommended or at least referral to a pain specialist to manage these medications. Therefore, due to the exceeding of opioid dosing beyond MTUS recommendations, the Opana 20 mg #60, Norco 10/325 mg #30, and Oxycodone 5mg #60 are each not medically necessary.

OXYCODONE 5MG QTY: 60.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 78-80, 86, 87.

Decision rationale: California MTUS Chronic Pain Medical Treatment Guidelines require there to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening, review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use of opioids requires this comprehensive review with documentation to justify continuation. Continuation of opioids is recommended when the patient has returned to work and/or if the patient has improved function and pain. Also, the MTUS Chronic Pain Guidelines recommend that dosing of opioids not exceed 120 mg or oral morphine equivalents per day, and only with a pain specialist would exceeding this amount be considered. In the case of this worker, the denial of the request for Norco, Opana, and Oxycodone was based on the incorrect timing of request. Yet, when looking at the encounter dates and requests, it seems appropriate that the requesting physician make a prospective request on the date 2/3/14 in preparation for the following encounter date, which ended up being 3/6/14, and so there would not have been any early prescription for the worker. However, it appears that

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