

Case Number:	CM14-0029653		
Date Assigned:	04/09/2014	Date of Injury:	11/15/2002
Decision Date:	05/27/2014	UR Denial Date:	12/26/2013
Priority:	Standard	Application Received:	01/23/2014

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:

The patient is a 44-year-old male who was injured on 11/15/2002. The mechanism of injury is unknown. Prior treatment history has included medications as follows: Oxycodone 80 mg as of 03/07/2013 (VAS not reported), Lidoderm patch 5%, Omeprazole 40 mg, Fentanyl. Progress note dated 03/21/2013 documented the patient to have complaints of backache and cervicalgia. Progress note dated 12/10/2013 documented the patient with complaints of backache and left knee pain. Orders released at this encounter trigger point injections 3+ muscles. Procedure: Trigger point injections. Diagnosis: Myalgia. Emergency department note dated 12/27/2013 documented the patient with report of chronic depression and having severe constant suicidal ideation for at least a week due to running out of his pain medications on 12/20/2013 and having severe chronic pain in head, neck and back with only partial relief by his pain medications. He overdosed on muscle relaxants between 10 and 20 and alcohol. He has history of cutting since age 16. He has been cutting both forearms. Objective findings on exam revealed positive joint pain, no extreme swelling. Ed Course: He discussed with primary care provider prior to arrival who recommended no narcotics in the emergency room. The patient has already gone through acute withdrawal period and has been out of medications for a week. The patient repeatedly asked for pain medications. Treating with a single dose of medication in ER will not resolve psychiatric issues and is not recommended by his primary care provider who is his pain management MD. The patient's diagnoses are Depression, Deliberate self cutting, Suicidal ideation and chronic pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

OXYCODONE 80MG, QUANTITY 120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: The CA MTUS outlines the following as indicators and predictors of possible misuse of controlled substances and/or addiction: 1) Adverse consequences: (a) decreased functioning, (b) Observed intoxication, (c) Negative affective state. 2) Impaired control over medication use: (a) Failure to bring in unused medications, (b) Dose escalation without approval of the prescribing doctor, (c) Requests for early prescription refills, (d) Reports of lost or stolen prescriptions, (e) Unscheduled clinic appointments in "distress", (f) Frequent visits to the ED, (g) Family reports of overuse of intoxication. 3) Craving and preoccupation: (a) Non-compliance with other treatment modalities, (b) Failure to keep appointments, (c) No interest in rehabilitation, only in symptom control, (d) No relief of pain or improved function with opioid therapy, (e) Overwhelming focus on opiate issues. 4) Adverse behavior: (a) Selling prescription drugs, (b) Forging prescriptions, (c) Stealing drugs, (d) Using prescription drugs in ways other than prescribed (such as injecting oral formulations), (e) Concurrent use of alcohol or other illicit drugs (as detected on urine screens), (f) Obtaining prescription drugs from non-medical sources. The information provided by the medical records clearly demonstrates that this patient is not an appropriate candidate for continuing opioid therapy. The patient has history of medication overdose, alcohol abuse, as well as apparent significant psychological issues with presentation of self-mutilation and claims of suicidal ideation. The guidelines outline that it has been suggested that most chronic pain problems will not resolve while there is active and ongoing alcohol, illicit drug, or prescription drug abuse. Furthermore, the request of Oxycodone 80 mg #120 equates to MED of 480 mg. The guidelines recommend that dosing not exceed 120 mg oral morphine equivalents per day. The request of Oxycodone is not supported by the guidelines and is not medically necessary.