

Case Number:	CM14-0030425		
Date Assigned:	06/20/2014	Date of Injury:	11/17/1999
Decision Date:	07/21/2014	UR Denial Date:	02/24/2014
Priority:	Standard	Application Received:	03/10/2014

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 Illinois. 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 injured worker is a 65-year-old male who reported an injury on 11/17/1999. The mechanism of injury was not cited within the documentation provided. In the clinical note dated 10/30/2014, the injured worker complained of mid-lower back pain and left knee pain. It was also noted that the injured worker had difficulty walking. The physical examination of the lumbar spine revealed limited and painful left lateral flexion and bilateral muscle spasm. The physical examination of the left knee revealed swelling with medial and lateral collateral ligament laxity. Prior treatments included prescribed medications and home exercises. The diagnoses included sacroiliac region dysfunction, lumbosacral disorder and left knee sprain/strain. The treatment plan included conservative treatment, exercises and home care recommendations. A request for authorization for the prescriptions of oxycodone 30 mg 2 tabs by mouth 4 times a day #240, OxyContin 40 mg 1 tab by mouth twice a day #60, and Adderall 30 mg 1 tab by mouth twice a day #60 was submitted on 11/01/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone 30mg # 240: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines Pain (Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use and Opioids, dosing Page(s): 76-80 and 86-87.

Decision rationale: The request for oxycodone 30 mg #240 is non-certified. The California MTUS Guidelines state that ongoing monitoring to include the assessment of pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant drug-related behaviors should be annotated. In the clinical notes provided for review, there is a lack of documentation of the injured worker's pain level status with or without prescribed medication. In the clinical notes provided for review, there is a lack of evidence of the efficacy, functional status, side effects and frequency of the prescribed medications. Furthermore, the dosage and frequency of the request exceeds the recommended guidelines of 120 mg per day of the morphine equivalent with the concurrent use of OxyContin by 360mg morphine equivalent per day. Therefore, the request for oxycodone 30 mg #240 is not medically necessary and appropriate.

Oxycontin 40mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, and Opioids, dosing Page(s): 76-80 and 86-87.

Decision rationale: The California MTUS Guidelines state that ongoing monitoring should include the injured worker's pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors by the injured worker. OxyContin is indicated for the management of moderate to severe pain when the continuous, around-the-clock analgesic is needed for an extended period of time. OxyContin tablets are not intended for use as as-needed analgesics. Controlled release OxyContin dosage and the injured worker's starting dose is 10 mg every 12 hours. Dosage should be tailored for each individual patient, factoring in medical condition, the patient's prior opioid exposure, and other analgesics the patients may be taking. In the clinical notes provided for review, there is a lack of evidence of the efficacy, functional status, side effects and frequency of the prescribed medications. Furthermore, the dosage and frequency of the request exceeds the recommended guidelines of 120 mg per day of the morphine equivalent with the concurrent use of Oxycodone by 360mg morphine equivalent per day. Therefore, the request for OxyContin 40 mg #60 is not medically necessary and appropriate.

Adderall 30mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence:RxList.com, Adderall, Indications and Dosage.

Decision rationale: RX list states, Adderall (amphetamine dextroamphetamine mixed salts) is indicated as an part of a total treatment program for ADHD that may include other measures (psychological, educational, social), for injured workers with this syndrome. Drug treatment may not be indicated for all injured workers with this syndrome. Appropriate educational placement is essential and psychosocial intervention is often helpful. When remedial measures alone are insufficient, the decision to prescribe ADHD medication would depend upon the physician's assessments of the chronicity and severity of the injured worker's symptoms. The effectiveness of Adderall for long-term use has not been systematically evaluated in controlled trials and may cause dependency on the drug. In the clinical notes provided for review, there is a lack of documentation of the injured worker having been evaluated for the diagnosis of attention deficit hyperactivity disorder. It was noted that the prescription for Adderall helps the patient concentrate, allowing him to focus on improving his strength and general activities. However, it is noted that within the documentation provided, the injured worker has been on Adderall since 2011 which; as per the Rx, list may cause dependency. Therefore, the request for Adderall 30 mg #60 is not medically necessary and appropriate.