

Case Number:	CM14-0072880		
Date Assigned:	06/30/2014	Date of Injury:	08/10/1996
Decision Date:	07/23/2014	UR Denial Date:	03/05/2014
Priority:	Standard	Application Received:	04/07/2014

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 claimant was injured on 08/10/96. He has been prescribed oxycodone on many occasions and it is under review. He saw [REDACTED] on 12/08/10. This was for an AME. He had been examined in the past. He has had extensive treatment. His current medications included OxyContin, oxycodone, and others. The impression was repetitive strain/overuse syndrome, upper body myofascial pain syndrome, opioid tolerance and dependence and a psychiatric diagnosis. He also had chronic pain. He had been working with a trainer and exercising. He remained on high-dose opioids. Detoxification was recommended. [REDACTED] recommended the same thing. He suggested weaning with treatment provided concurrently by a pain psychologist. On 10/08/12, he saw [REDACTED] for pain management. He had chronic pain in his upper back, shoulders, and upper extremities with aching pain. His average pain level with medications was 1.5-2/10. He remained on OxyContin and oxycodone. He was also taking a sleep medication. On 12/24/12, he was seen again for similar complaints and also had a complaint relative to his knee. He was using crutches. His use of medications appears to have been about the same. On 03/11/13, he was seen again and his medications including the opioids were continued. Physical examinations have not been documented on a regular basis and his treatment has been primarily based on his self-reported symptoms. On 06/03/13, he had tenderness of the shoulders, hands, wrists, and forearms. He was seeing a psychiatrist and was advised to continue weaning his total daily dose by 20 mg or more if possible. On 08/20/13, [REDACTED] indicated that he was seeing a behavioral health therapist weekly. He was also seeing a psychiatrist. He never exhibited any medication abuse or aberrant medication use behaviors. Urinary drug screens had not been done. One would be ordered at the next visit. He is status post right knee surgery in March 2013 and was attending physical therapy. Only tenderness was noted in his shoulders and upper extremities. He was seen on 08/27/13, but there was no physical

examination of the shoulders and extremities. He still had pain but was to decrease his OxyContin by 20 mg over the next 3 months. His urine drug screen did appear to be consistent with his prescriptions. On 02/24/14, he was seen again and continued with OxyContin and oxycodone. His musculoskeletal system was not examined. On 05/12/14, he was seen again and remained on the same medications. His musculoskeletal system was not examined. The dosages indicate he was taking OxyContin 20 mg 1 tablet daily and OxyContin 40 mg 5 tablets daily. There does not appear to have been a significant change in his use of the opioid medications over time. It is not clear that he is likely to be able to accomplish this solely on his own as he has not been successful in weaning the opioids.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription for 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 Page(s): 110.

Decision rationale: The history and documentation do not objectively support the request for the opioid, oxycodone 30 mg #90 but weaning should be done. The California MTUS outlines several components of initiating and continuing opioid treatment and states a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals. In these records, there is no documentation of trials and subsequent failure of or intolerance to first-line drugs such as acetaminophen or nonsteroidal anti-inflammatory drugs or antidepressants for chronic pain. The California MTUS further explains, pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. There is evidence that the claimant's pattern of use of this medication has been monitored. However, despite multiple recommendations to wean the opioids, little change in the dosage has occurred. It appears that the claimant is unable to accomplish this without significant assistance. There is no evidence that he has been involved in an ongoing rehab program to help maintain any benefits he receives from treatment measures. As such, the medical necessity of the ongoing use of oxycodone has not been clearly demonstrated. This medication, again, should be aggressively weaned with close monitoring by the treating provider. Therefore, the request is not medically necessary.