

Case Number:	CM14-0173126		
Date Assigned:	10/23/2014	Date of Injury:	01/29/1999
Decision Date:	03/16/2015	UR Denial Date:	10/13/2014
Priority:	Standard	Application Received:	10/20/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: Arizona, California
Certification(s)/Specialty: Family Practice

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 52 year old male, who sustained an industrial injury on January 29, 1999. Based on information in the utilization review, he has reported injury to his left knee after bumping it on a desk. The diagnosis was chondromalacia of patella. Treatment to date was not listed in the medical record reviewed. The treatment plan stated that the injured worker needed new braces. Currently, the injured worker complains of bilateral knee pain and swelling. The documentation in the medical record was very limited. On October 13, 2014, Utilization Review non-certified a Oxycontin Tablets 80 milligrams CR # 60 with no refills for initiating a taper to be accomplished over 2-3 months, noting the California Chronic Pain Medical Treatment Guidelines. On October 20, 2014, the injured worker submitted an application for IMR for review of Oxycontin Tablets 80 milligrams CR # 60 with no refills for initiating a taper to be accomplished over 2-3 months.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin CR 80mg, quantity: 75 tablets: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76, 77, 78, 43, 74, 86, 91. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Pain (web: updated 10/6/14), Opioids for Chronic Pain

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids and weaning opioids Page(s): 82-92, 123.

Decision rationale: In addition, opioid weaning should include the following: (a) Start with a complete evaluation of treatment, comorbidity, psychological condition; (b) Clear written instructions should be given to the patient and family; (c) If the patient can not tolerate the taper, refer to an expert (pain specialist, substance abuse specialist); (d) Taper by 20 to 50% per week of original dose for patients who are not addicted (the patient needs 20% of the previous day's dose to prevent withdrawal); (e) A slower suggested taper is 10% every 2 to 4 weeks, slowing to a reductions of 5% once a dose of 1/3 of the initial dose is reached; (f) Greater success may occur when the patient is switched to longer-acting opioids and then tapered; (g) Office visits should occur on a weekly basis; (h) Assess for withdrawal using a scale such as the Subjective Opioid Withdrawal Scale (SOWS) and Objective Opioid Withdrawal Scale (OOWS); There was no plan provided for Oxycontin withdrawal in line with the guidelines above. The request for Oxycontin as prescribed above is not medically necessary.