

Case Number:	CM14-0202318		
Date Assigned:	12/12/2014	Date of Injury:	08/11/2003
Decision Date:	02/10/2015	UR Denial Date:	11/18/2014
Priority:	Standard	Application Received:	12/03/2014

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 Internal Medicine, has a subspecialty in HPM and is licensed to practice in Pennsylvania. 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 36-year-old gentleman with a date of injury of 08/11/2003. The submitted and reviewed documentation did not identify the mechanism of injury. Treating physician notes dated 08/13/2014, 09/08/2014, 10/07/2014, and 11/14/2014 indicated the worker was experiencing left hand and wrist pain, insomnia, depression, and anxiety. Documented examinations consistently described tenderness in both wrists and then also decreased joint motion in the wrists; examination findings appeared to worsen over time. The submitted and reviewed documentation concluded the worker was suffering from pain in the foot, leg, arm, and finger. Treatment recommendations included oral pain medications, urinary drug screen testing, and follow up care. A Utilization Review decision was rendered on 11/18/2014 recommending non-certification for urinary drug screen testing and modified certification for 130 tablets of OxyContin (oxycodone sustained release) 20mg. Urinary drug screen testing reports dated 02/20/2014, 05/16/2014, 08/13/2014, and 10/07/2014 were also reviewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 20mg quantity 270: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Weaning of Medications Page(s): 74-95 and 124.

Decision rationale: OxyContin (oxycodone-sustained release) is a medication in the opioid class. The MTUS Guidelines stress the lowest possible dose of opioid medications should be prescribed to improve pain and function, and monitoring of outcomes over time should affect treatment decisions. Documentation of pain assessments should include the current pain intensity, the lowest intensity of pain since the last assessment, the average pain intensity, pain intensity after taking the opioid medication, the amount of time it takes to achieve pain relief after taking the opioid medication, the length of time the pain relief lasts. An ongoing review of the overall situation should be continued with special attention paid to the continued need for this medication, potential abuse, or misuse of the medication, and non-opioid methods for pain management. Acceptable results include improved function, decreased pain, and/or improved quality of life. The MTUS Guidelines recommend opioids be continued when the worker has returned to work and if the worker has improved function and pain control. Consideration for consultation with a multidisciplinary pain clinic or weaning off the medication is encouraged if the pain does not improve with opioid therapy within three months or when these criteria are not met. An individualized taper of medication is recommended to avoid withdrawal symptoms. The submitted and reviewed records indicated the worker was experiencing left hand and wrist pain, insomnia, depression, and anxiety. The documented pain assessments contained few of the elements recommended by the Guideline and did not provide an individual risk assessment. A urinary drug screen report dated 08/13/2014 indicated the presence of an illicit drug and documentation two visits later suggested this may have been a false positive result. However, there was apparently no confirmation testing, and documented examinations demonstrated the worker continued to lose considerable weight, a known side effect of use of this illicit drug. Subsequent visit notes continued to not provide an individualized risk assessment. The worker was continued on at least six restricted medications, all unchanged. Further, the sustained-release oxycodone was prescribed as three tablets three times daily. This is a rather high daily dose (more than twice that supported by the Guidelines), there were no documented attempts to lower the dose, and there is literature to support that the way the medication was prescribed may enhance diversion. For all of these reasons, the current request for 270 tablets of OxyContin (oxycodone sustained release) 20mg is not medically necessary. Because the potentially serious risks far outweigh the benefits in this situation based on the submitted documentation, an individualized taper should be able to be completed with the medication the worker has available.

One urine drug screen: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Substance abuse (tolerance, dependence, addiction). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use, Opioids, Steps to Avoid Misuse/Addiction Page(s): 76-80 and 94-95.

Decision rationale: The MTUS Guidelines encourage the use of urinary drug screen testing before starting a trial of opioid medication and as a part of the on-going management of those using controlled medications who have issues with abuse, addiction, or poor pain control. The Guidelines support the use of random urinary drug screens as one of several important steps to avoid misuse of these medications and/or addiction. The submitted and reviewed records indicated the worker was experiencing left hand and wrist pain, insomnia, depression, and anxiety. Treatment recommendations included the use of at least six restricted medications, including two opioids. Attentive monitoring for addiction and diversion is supported by the Guidelines. Further, the submitted and reviewed records support that this worker was at high risk for aberrant use and/or diversion. For these reasons, the current request for urine toxicology screening is medically necessary.