

Case Number:	CM15-0003191		
Date Assigned:	01/14/2015	Date of Injury:	01/22/2001
Decision Date:	03/16/2015	UR Denial Date:	12/31/2014
Priority:	Standard	Application Received:	01/07/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 53 year old female, who sustained an industrial injury on 1/22/2001. The mechanism of injury was not documented. She has reported pain in multiple sites, both industrial and non-industrial related. The diagnoses have included myalgia and myositis, unspecified, complex regional pain syndrome right lower extremity, right knee arthralgia, right knee degenerative arthritis, and low back pain. Treatment to date has included surgical conservative measures. A series of right knee injections was referenced in September 2014, resulting near complete pain relief in the right knee. Multiple trigger point injections were described in June 2014, noting greater than 60% reduction of pain in bilateral thoracolumbar paravertebral muscles. Progressive opioid medication weaning was discussed since at least July 2014 in effort to decrease combined opioid med level of 120. Instructions to decrease Oxycontin 160mg per day to 120 mg per day were noted, resulting in a mild pain increase and mild decrease in the ability to perform activities of daily living. Currently, the injured worker complains of pain in her back and bilateral knees. Right knee pain was rated 2/10 (decreased), low back pain was 8/10 (unchanged), and left knee pain was 10/10 (unchanged-non-industrial). Current medications included Oxycontin (totaling 160mg) and Oxy IR 5mg three times daily as needed (15mg). The injured worker was instructed to decrease Oxycontin 40mg every 8 hours to 40 mg twice daily, noting dose for 20mg in between. Oxy IR 5mg continued two times daily. The Utilization Review physician documented peer to peer communication with the injured worker's primary physician, noting the request for extra time to allow weaning to go slower than usual. On 12/31/2014, Utilization Review modified a prescription for Oxycontin 20mg daily #30, to

Oxycontin 20mg #30-allow for weaning to no more than 120mg/day-med with a weaning plan to be provided over the next three months. The MTUS Guidelines were cited, noting recommendation for no more than 120mg/day.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 20 MG Every Day Count #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines criteria for use of opioids Page(s): 76-78, 88-89.

Decision rationale: This patient presents with right knee, low back, and left knee pain. The treater is requesting OXYCONTIN 20 MG EVERY DAY COUNT QUANTITY 30. The RFA dated 11/10/2014 shows a request for OxyContin 20 mg quantity 30. The patient's date of injury is from 01/22/2001, and her work status is permanent and stationary. For chronic opiate use, the MTUS guidelines page 88 and 89 on criteria for use of opioids states, "pain should be assessed at each visit, and functioning should be measured at six-month intervals using a numerical scale or validated instrument." MTUS page 78 On-Going Management also require documentation of the 4A's including analgesia, ADLs, adverse side effects, and aberrant drug seeking behavior, as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medications to work, and duration of pain relief. The records show that the patient was prescribed OxyContin on 05/27/2014. The 11/10/2014 notes that a gradual weaning of OxyContin was recommended by the treater. She will be decreasing her dosage of OxyContin from 40 mg 1 q.8 to 40 mg, 20 mg, and 40 mg for a total of 17% dose decrease. None of the reports document before-and-after pain scales to show analgesia. No specific ADLs were discussed. The patient does not report any side effects. No aberrant drug-seeking behavior such as a urine drug screen or CURES report was noted. Given the lack of sufficient documentation showing medication efficacy, the patient should now be weaned as outlined in the MTUS Guidelines. The request IS NOT medically necessary.