

Case Number:	CM15-0005606		
Date Assigned:	01/26/2015	Date of Injury:	01/22/2001
Decision Date:	03/13/2015	UR Denial Date:	12/31/2014
Priority:	Standard	Application Received:	01/12/2015

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: Emergency Medicine

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, with a reported date of injury of 09/25/2013. The diagnoses include complex regional pain syndrome of the right lower extremity, right knee arthralgia, right knee degenerative osteoarthritis, L3-4 and L4-5 disc protrusions, right L5 radiculopathy, rule out lumbar Discogenic pain, myofascial pain syndrome, and low back pain. Treatments have included multiple trigger point injections on 06/17/2014, series of three right knee joint injections on 09/23/2014, placement of a rechargeable pulse generator on 11/08/2012, and oral pain medications. The medical report dated 12/15/2014 indicates that the injured worker complained of right knee pain and low back pain. She rated the right knee pain 2 out of 10, and the low back pain 8 out of 10. It was noted that the injured worker had a complete return of pain in the bilateral thoracolumbar paravertebral muscles. Due to the increased bilateral thoracolumbar paravertebral myofascial spasm and pain, the injured worker noted the inability to perform her activities of daily living and her daily exercise program. The series of three right knee joint injections provided near complete relief of the right knee arthralgia. The treating physician indicated that in an effort to seek the minimal opioid dosing allowing adequate function, the injured worker was directed to decrease OxyContin from 40mg every 8 hours (120mg/day) to 40mg/20mg/40mg (100mg/day). On 12/31/2014, Utilization Review (UR) modified the request for OxyContin CR 40mg #60 two times a day, noting that weaning was necessary since the injured worker should take the least amount of opioids needed for pain control and functionality, and the injured worker had good relief with the recent knee injections

and trigger point injections. The MTUS ACOEM Guidelines and the MTUS Chronic Pain Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 40 MG CR BID (80 MG/Day) #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82 Page(s): Pages.

Decision rationale: The requested Oxycontin 40 MG CR BID (80 MG/Day) #60 is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, recommend continued use of this opiate for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The injured worker has a complete return of pain in the bilateral thoracolumbar paravertebral muscles. Due to the increased bilateral thoracolumbar paravertebral myofascial spasm and pain, the injured worker noted the inability to perform her activities of daily living and her daily exercise program. The treating physician has documented that the series of three right knee joint injections provided near complete relief of the right knee arthralgia. The treating physician has not documented VAS pain quantification with and without medications, duration of treatment, and objective evidence of derived functional benefit such as improvements in activities of daily living or reduced work restrictions or decreased reliance on neither medical intervention, nor measures of opiate surveillance including an executed narcotic pain contract or urine drug screening. The criteria noted above not having been met, Oxycontin 40 MG CR BID (80 MG/Day) #60 is not medically necessary.