

Case Number:	CM15-0136288		
Date Assigned:	07/24/2015	Date of Injury:	07/16/2014
Decision Date:	09/02/2015	UR Denial Date:	07/06/2015
Priority:	Standard	Application Received:	07/14/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 male, who sustained an industrial injury on July 16, 2014. The injured worker has no memory of the industrial injury. The injured worker was diagnosed as having a concussion, fractures of the left elbow, right shoulder blade and left tibia (non-surgical intervention) and low back pain without fracture or neurologic symptoms. Treatment to date has included surgery, physical therapy, medication, urine drug screen, X-ray, MRI, CT scan, home exercise program, brace, and foot boot and electro diagnostic studies. Currently, the injured worker complains of chronic pain of multiple body parts, but increased pain in the left elbow and left wrist. He is currently diagnosed with upper arm joint pain. His current work status is off duty. A note dated April 27, 2015 states the injured worker is utilizing Oxycontin for pain, but also states he will use an additional tablet for increased pain. The note also states the injured worker was encouraged to engage in home exercise program; however, the injured worker was noncompliant. A note dated May 12, 2015 states the injured worker is experiencing approximately a 30% decrease in pain from Oxycontin, which allows him improved use of his upper extremities and increased tolerance for walking. Notes dated April 27, 2015 and May 12, 2015 state the injured worker is taking an extra Oxycontin when the pain is increased and by doing this, he has run out of medication early. It is also noted in the June 9, 2015 note the injured worker received a prescription from another physician for breakthrough pain. The notes state the injured worker has been counseled against doing this in the future. A physical therapy note dated June 5, 2015 states the injured worker continues to have left elbow pain, but is demonstrating significant improvement. The injured worker is currently engaging in physical

therapy, which is increasing his pain (per note dated June 9, 2015) and the prescribing physician does not want to make any changes to the medication regimen at this time; therefore Oxycontin 30 mg one tablet three times a day #90 is requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 30mg tablet take 1 tab tid for pain #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 92.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78, 92.

Decision rationale: Per MTUS Chronic Pain Medical Treatment Guidelines p78 regarding on-going management of opioids "Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: Pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug related behaviors. These domains have been summarized as the '4 A's' (Analgesia, activities of daily living, adverse side effects, and any aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." Review of the available medical records reveals neither documentation to support the medical necessity of Oxycontin nor any documentation addressing the '4 A's' domains, which is a recommended practice for the on-going management of opioids. Specifically, the notes do not appropriately review and document pain relief, functional status improvement, appropriate medication use, or side effects. The MTUS considers this list of criteria for initiation and continuation of opioids in the context of efficacy required to substantiate medical necessity, and they do not appear to have been addressed by the treating physician in the documentation available for review. Efforts to rule out aberrant behavior (e.g. CURES report, UDS, opiate agreement) are necessary to assure safe usage and establish medical necessity. UDS dated 5/12/15 was consistent with prescribed medications. CURES report was appropriate. As MTUS recommends discontinuing opioids if there is no overall improvement in function, this request is not medically necessary.