

Case Number:	CM15-0137393		
Date Assigned:	07/27/2015	Date of Injury:	03/18/1999
Decision Date:	09/03/2015	UR Denial Date:	06/17/2015
Priority:	Standard	Application Received:	07/15/2015

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: Preventive Medicine, Occupational 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 (IW) is a 50 year old female who sustained an industrial injury on 03-18-1999. The initial report of injury is not found in the medical records reviewed. The injured worker was diagnosed as having knee pain, chronic pain syndrome status post total knee arthroplasty with a date of revision surgery 02/24/2015. Co-morbid conditions include obesity (BMI 35.8). Treatment to date has included surgery, physical therapy and medication. In provider's progress note dated 6-3-2015, the injured worker reported her pain level 3/10 with medications, and 10/10 without medications. The pain was in the right lower extremity and described as aching, sharp and frequent. Pain was alleviated with ice, elevation and narcotics. The worker was walking 30-45 minutes daily. Medications helped her feel like doing housework, getting outside, and completing her activities of daily living independently. On exam, the worker had an antalgic gait, right pedal edema, erythema of the right knee with warmth and no induration. She had significant scarring. The right knee was tender at the medial patellar facet, the inferior pole patella, the superior pole patella. Active range of motion on the right was 80 degrees flexion and 150 degrees extension with pain at initiation of movement and at the extreme limits of range. A request for authorization was made for Oxycodone 20mg #150 with 2 refills; Oxycontin ER 20mg #90 with 2 refills; Fentanyl Transdermal Patch 100mcg/hr. #20 with 2 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone 20mg #150 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use; Opioids, dosing. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Opioids, dosing.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-9, Chronic Pain Treatment Guidelines Medications for chronic pain; Opioids; Weaning Medications Page(s): 60-1, 74-96, 124. Decision based on Non-MTUS Citation FDA Policy Statement: Information for Healthcare Professionals Methadone Hydrochloride, <http://www.fda.gov/Drugs/DrugSafety/PostmarketDrugSafetyInformationforPatientsandProviders/ucm142841.htm>.

Decision rationale: Oxycodone (OxyContin) is a semi-synthetic opioid indicated for treatment of moderate to severe pain available in immediate release and controlled release forms. If being used to treat neuropathic pain, then it is considered a second-line treatment (first-line are antidepressants and anticonvulsants), however, there are no long-term studies to suggest chronic use of opioids for neuropathic pain. If treating chronic low back pain, opioids effectiveness is limited to short-term pain relief (up to 16 weeks) as there is no evidence of long-term effectiveness. It is known that long-term use of opioids is associated with hyperalgesia and tolerance. According to the MTUS, opioid therapy for control of chronic pain, while not considered first line therapy, is considered a viable alternative when other modalities have been tried and failed. Success of this therapy is noted when there is significant improvement in pain or function. It is important to note, however, the maximum daily dose of opioids, calculated as morphine equivalent dosing from use of all opioid medications, is 120 mg per day. The major risks of opioid therapy are the development of addiction, overdose and death. The pain guidelines in the MTUS directly address opioid use by presenting a number of recommendations required for providers to document safe use of these medications. The total morphine equivalent dose for this patient (fentanyl and oxycodone combined) is 360mg. This is significantly above the maximum dosing recommended and puts the patient at risk of increased morbidity and mortality. Additionally, in the notes available for review there were no urine toxicology screening tests to look for patient medication misuse or abuse. Finally, the present law prohibits dispensing opioids with refills. Continued use of high dose opioid therapy is not indicated. Weaning is recommended. Medical necessity for use of this medication has not been established.

Oxycontin ER 20mg #90 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use; Opioids, dosing. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Opioids, dosing.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-9, Chronic Pain Treatment Guidelines Medications for chronic pain;

Opioids; Weaning of Medication Page(s): 60-1, 74-96, 124. Decision based on Non-MTUS Citation FDA Policy Statement: Information for Healthcare Professionals Methadone Hydrochloride, <http://www.fda.gov/Drugs/DrugSafety/PostmarketDrugSafetyInformationforPatientsandProviders/ucm142841.htm>.

Decision rationale: Oxycodone (OxyContin) is a semi-synthetic opioid indicated for treatment of moderate to severe pain available in immediate release and controlled release forms. If being used to treat neuropathic pain, then it is considered a second-line treatment (first-line are antidepressants and anticonvulsants), however, there are no long-term studies to suggest chronic use of opioids for neuropathic pain. If treating chronic low back pain, opioids effectiveness is limited to short-term pain relief (up to 16 weeks) as there is no evidence of long-term effectiveness. It is known that long-term use of opioids is associated with hyperalgesia and tolerance. According to the MTUS, opioid therapy for control of chronic pain, while not considered first line therapy, is considered a viable alternative when other modalities have been tried and failed. Success of this therapy is noted when there is significant improvement in pain or function. It is important to note, however, the maximum daily dose of opioids, calculated as morphine equivalent dosing from use of all opioid medications, is 120 mg per day. The major risks of opioid therapy are the development of addiction, overdose and death. The pain guidelines in the MTUS directly address opioid use by presenting a number of recommendations required for providers to document safe use of these medications. The total morphine equivalent dose for this patient (fentanyl and oxycodone combined) is 360 mg. This is significantly above the maximum dosing recommended and puts the patient at risk of increased morbidity and mortality. Additionally, in the notes available for review there were no urine toxicology screening tests to look for patient medication misuse or abuse. Also, the patient is taking two long acting opioids, Fentanyl and OxyContin ER. There is no need for two long acting opioids. Finally, the present law prohibits dispensing opioids with refills. Considering all the above continued use of high dose opioid therapy is not indicated. Weaning is recommended. Medical necessity for use of this medication has not been established.

Fentanyl Transdermal Patch 100mcg/hr #20 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use; Opioids, dosing. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Opioids, dosing.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-9, Chronic Pain Treatment Guidelines Medications for chronic pain; Opioids; Weaning of Medications Page(s): 60-1, 74-96, 124.

Decision rationale: Fentanyl is a potent, synthetic opioid indicated for severe pain. It has a rapid onset and short duration of action when used intravenously and long duration of action when used trans-dermally, as the topical patch is kept on for one week. If being used to treat neuropathic pain, then it is considered a second-line treatment (first-line are antidepressants and anticonvulsants), however, there are no long-term studies to suggest chronic use of opioids for neuropathic pain. If treating chronic low back pain, opioids effectiveness is limited to short-term

pain relief (up to 16 weeks) as there is no evidence of long-term effectiveness. It is known that long-term use of opioids is associated with hyperalgesia and tolerance. According to the MTUS, opioid therapy for control of chronic pain, while not considered first line therapy, is considered a viable alternative when other modalities have been tried and failed. Success of this therapy is noted when there is significant improvement in pain or function. It is important to note, however, the maximum daily dose of opioids, calculated as morphine equivalent dosing from use of all opioid medications, is 120 mg per day. The major risks of opioid therapy are the development of addiction, overdose and death. The pain guidelines in the MTUS directly address opioid use by presenting a number of recommendations required for providers to document safe use of these medications. The total morphine equivalent dose for this patient (fentanyl and oxycodone combined) is 360 mg. This is significantly above the maximum dosing recommended and puts the patient at risk of increased morbidity and mortality. Additionally, in the notes available for review there were no urine toxicology screening tests to look for patient medication misuse or abuse. Also, the patient is taking two long acting opioids, Fentanyl and OxyContin ER. There is no need for two long acting opioids. Finally, the present law prohibits dispensing opioids with refills. Considering all the above continued use of high dose opioid therapy is not indicated. Weaning is recommended. Medical necessity for use of this medication has not been established.