

Case Number:	CM15-0203020		
Date Assigned:	10/19/2015	Date of Injury:	06/29/1993
Decision Date:	12/02/2015	UR Denial Date:	09/15/2015
Priority:	Standard	Application Received:	10/15/2015

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: 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 60 year old female, who sustained an industrial injury on 6-29-93. The injured worker was diagnosed as having lumbar postlaminectomy syndrome; knee pain; arthritis of the hip; chronic pain syndrome; chronic pain; depressive disorder. Treatment to date has included physical therapy; medications. Currently, the PR-2 notes dated 9-2-15 indicated the injured worker returns to the office for a routine follow-up and refill of medications. She reports her insurance company has not allowed the full prescription of OxyContin and she was only able to get #23 pills last month. She has successfully weaned down from 120mg a day and is doing well on this dose and able to do her usual activities including exercise, chores, gardening and playing her ukulele which she is not able to when she tried to wean further. She also takes endocet 1-2 for days with increased activities. She reports 75% improvement in her pain with current does and when she went to every other day dosing, she was not able to do any of these activities. She reports her pain level is 1-2 with OxyContin and on the days she doesn't take it the pain gets up to 8 out of 10. Today she is very upset about not being able to have the quality of life she gets with these medications. She is not abusing this medication and definitely shows functional improvement so the most compassionate plan is to continue her current dose and stop trying to wean further. We will continue to document appropriate use of the medication and urine tox screens, CURES reports and pain management agreement." A PR-2 notes dated 7-2-15 indicated the injured worker was prescribed Oxycontin 10mg one tablet every 24 hours for 30 days - #30. The provider documents "She reports that she is now feeling somewhat better with less pain overall and is able to do her normal activities including chores and gardening. She is

not having any significant side-effects with the low dose she is on. She reports that she has recently developed itching and her PCP has started her on hydroxyzine 25mg which helps but causes some sedation." The treatment plan is documented as "Continue OxyContin at 10mg qd along with prn Percocet NTE 1-d and continue normal activities. Again discussed no need to continue taper at this point as we have tapered as far down as she can go without significantly limited activities and overall enjoyment of life." A Request for Authorization is dated 10-8-15. A Utilization Review letter is dated 9-15-15 and non-certification for Oxycontin 10mg #30. Utilization Review at this same time did authorize Oxycodone - Acetaminophen 10/325mg #30. A request for authorization has been received for Oxycontin 10mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 10mg #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids (Classification).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

Decision rationale: The requested Oxycontin 10mg #30, is 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 was diagnosed as having lumbar postlaminectomy syndrome; knee pain; arthritis of the hip; chronic pain syndrome; chronic pain; depressive disorder. The treating physician has sufficiently documented derived functional benefit from the use of this opiate along with measures of opiate surveillance to establish the medical necessity for its continued use. The criteria noted above having been met, Oxycontin 10mg #30 is medically necessary.