

Case Number:	CM15-0025170		
Date Assigned:	02/17/2015	Date of Injury:	09/03/2008
Decision Date:	04/02/2015	UR Denial Date:	02/04/2015
Priority:	Standard	Application Received:	02/10/2015

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:

This 54 year old female sustained a work related injury on 09/03/2008. According to an office visit dated 01/19/2015, the injured worker was noted to be tolerating Oxycodone and Oxycontin. There were no issues of misuse or diversion of medication. Side effects were minimal and controllable. Pain was rated 4 on average on a scale of 0-10 and was rated 8 without medications. The injured worker reported her condition was unchanged and the level of functionality has stayed the same. According to a progress report dated 02/03/2015, the injured worker had bilateral hand pain and moderate bilateral hand numbness, left worse than right. She had a course of hand therapy and a home exercise program. She also tried anti-inflammatories. She was scheduled to proceed with left carpal tunnel release. Due to a recent fall she did not feel ready to proceed with carpal tunnel surgery. Medications included Oxycontin, Oxycodone and ibuprofen. Surgical history included right knee arthroscopy and lumbar fusion. On 02/04/2015, the injured worker underwent left endoscopic carpal tunnel release. According to a progress report dated 02/17/2015, the provider noted that the injured worker needed to have postoperative pain relief. She was still recovering slowly from her back surgery. Conservative therapy was being continued for her knees. Diagnoses included brachial neuritis or radiculitis not otherwise specified, cervicgia, lumbar disc displacement without myelopathy and spasm of muscle. On 02/04/2015, Utilization Review non-certified Oxycontin tab 30mg CR #60 (30 day supply) and Oxycodone tab 15mg #120 (30 day supply). According to the Utilization Review physician, there was no explicit documentation of symptomatic or functional improvement from previous use. These medications were authorized on 01/12/2015 which should have provided ample time

to document derived function benefit or to initiate a weaning process. CA MTUS Chronic Pain Medical Treatment Guidelines, page 80 was referenced. The decision was appealed for an Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin tab 30mg CR #60 (30 day supply): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

Decision rationale: Per the 02/03/15 report the patient presents with bilateral hand pain and moderate bilateral hand numbness, left worse than right. She is s/p right knee arthroscopy, date unknown, lumbar fusion, approximately 1 year previously--, and right CTR 02/04/15. The current request is for OXYCONTIN TAB 30 mg CR #60 30 DAY SUPPLY, an opioid. The RFA is not included. The patient is not working. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse 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 medication to work and duration of pain relief. The reports provided for review show the patient has been prescribed this medication since at least 07/31/14. The 02/17/15 report states this medication is to be discontinued and Norco started. The 02/17/14 report states the patient's Oswestry score is 42% when using medications which are listed as OxyContin, Oxycodone and Ibuprofen. VAS shows medications reduce pain to 4/10 from 8/10. The treater states the patient is able to function and continue ADL's with medications and decreased medication will increase the Oswestry score and decrease function and activity. With medication the patient is reported to be able to function at home without assistance. The 01/19/15 report states pain medications improved sleep and mood. The most recent 02/17/15 report states pain levels are stable, CURES shows no aberrant behavior and side effects are minimal. In this case, the 4A's have been documented as required by the MTUS guidelines. The request IS medically necessary.

Oxycodone tab 15mg #120 (30 day supply): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

Decision rationale: Per the 02/03/15 report the patient presents with bilateral hand pain and moderate bilateral hand numbness, left worse than right. She is s/p right knee arthroscopy, date unknown, lumbar fusion, approximately 1 year previously--, and right CTR 02/04/15. The current request is for OXYCODONE TAB 15mg #120 30 DAY SUPPLY, an opioid. The RFA is not included. The patient is not working. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse 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 medication to work and duration of pain relief. The reports provided for review show the patient has been prescribed this medication since at least 07/31/14. The 02/17/15 report states this medication is to be discontinued and Norco started. The 02/17/14 report states the patient's Oswestry score is 42% when using medications which are listed as OxyContin, Oxycodone and Ibuprofen. VAS shows medications reduce pain to 4/10 from 8/10. The treater states the patient is able to function and continue ADL's with medications and decreased medication will increase the Oswestry score and decrease function and activity. With medication the patient is reported to be able to function at home without assistance. The 01/19/15 report states pain medications improved sleep and mood. The most recent 02/17/15 report states pain levels are stable, CURES shows no aberrant behavior and side effects are minimal. In this case, the 4A's have been documented as required by the MTUS guidelines. The request IS medically necessary.