Case Number:	CM15-0218888		
Date Assigned:	11/10/2015	Date of Injury:	05/07/1998
Decision Date:	12/22/2015	UR Denial Date:	10/15/2015
Priority:	Standard	Application Received:	11/06/2015

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: Massachusetts
Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 65 year old female who sustained an industrial injury on 5-7-98. Medical records indicate that the injured worker has been treated for fibromyalgia-myofascial pain syndrome; neck pain; headache; migraine intractable; compression of the brain; spondylosis cervicothoracic region; opioid dependence; cervical region radiculopathy. She currently (10-6-15) complains of continued daily headaches and neck pain. Her average pain level was 5 out of 10, lowest pain level with medication was 4 out of 10, her highest pain level was 7-8 out of 10 and without medication it was 10 out of 10. She takes OxyContin 20mg every 12 hours. Her pain is decreased by about 50% with medication. When she takes the medication as prescribed she is able to grocery shop, go to dinner, socialize, exercise, garden, attend bible study and has less symptoms of depression. She has tapered this dose from 50 mg to the present 20mg in 9-2014 and when she tries to taper further her spikes of pain are more frequent causing her to not being able to function. The 10-6-15 documentation indicates that medications are helping with pain and sleep. There were no side effects. "There has been no tolerance to medication. Patient shows no evidence of developing medication dependency, No medication abuse is suspected". Urine drug screen dated 7-10-15 was consistent with prescribed medication. Physical exam of the neck revealed tenderness in the cervical spine, hyperesthesia at occiput and scalp, Spurling's maneuver causes neck pain but not radiating arm pain. Physical exam from 4-2-15 through 10-6-15 was unchanged. Treatments to date include chiropractic treatments; Imitrex, Botox, Lyrica, Celebrex without benefit: medication: OxyContin (since at least 9-2014), Neurontin with benefit; cervical epidural injection, cervical facet radiofrequency ablation Botox without benefit; transcutaneous electrical nerve stimulator unit increased symptoms. The request for

authorization dated 10-14- 15 was for OxyContin 10mg #120. On 10-15-15 utilization review non-certified the request for OxyContin 10mg #120, modified to #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 10mg #120: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Weaning of Medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain, Opioids, dosing, Opioids, long-term assessment, Weaning of Medications.

Decision rationale: The claimant sustained a work injury in May 2008 and continues to be treated for chronic pain. Her injury occurred when she went to sit down and a chair and fell. She injured her left elbow and struck the base of her skull against the floor. When seen in October 2015 she was having neck pain and chronic daily headaches. Medications were decreasing pain from 7-8/10 to 4-5/10. She had been able to taper her OxyContin dose from 50 mg every 12 hours to 20 mg every 12 hours beginning in September 2014. When trying to decrease the dose further she had pain that became too frequent and she had been unable to function. She had found a balance of pain control and functioning at a 20 mg every 12-hour dose. She was continuing to benefit after the addition of Neurontin. She had tolerated a dose of up to 900 mg per day, which had been effective. She had drowsiness with a further increase in dose. Physical examination findings included cervical and trapezius muscle tenderness with hyperesthesia at the occiput and scalp. There was increased trapezius muscle tone. She had neck pain with Spurling's testing. Medications were continued. OxyContin was prescribed at a total MED (morphine equivalent dose) of 60 mg per day. When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. OxyContin is a sustained release opioid used for treating baseline pain. In this case, it is being prescribed as part of the claimant's ongoing management. There are no identified issues of abuse or addiction and medications are well documented as providing decreased pain and improved activities of daily living and activity tolerance. Weaning to the lowest effective dose is evident and argues against a hyperalgesia effect. The total MED is less than 120 mg per day consistent with guideline recommendations. Substitution with 20 mg tablets would be appropriate. Continued prescribing is medically necessary.