

Case Number:	CM15-0219788		
Date Assigned:	11/12/2015	Date of Injury:	04/15/2009
Decision Date:	12/30/2015	UR Denial Date:	11/03/2015
Priority:	Standard	Application Received:	11/09/2015

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: 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 was a 51 year old male, who sustained an industrial injury on April 15, 2009. The injured worker was undergoing treatment for chronic left knee pain, chronic right knee pain, bilateral ankle pain, bilateral shoulder pain, anxiety, depression and chronic low back pain, planter fasciitis, neuropathic pain in the heel and meniscal injury of the left knee. According to the orthopedic progress note of September 15, 2015, the injured worker had 3 plus crepitus, grinding and pain in both knees. There was significant arthritic changes of the left knee noted during the arthroscopic debridement. The treating physician suggested Supartz injections to both knees and it would be beneficial. According to progress note of October 10, 2015, the injured worker's chief complaint was pain in the bilateral heels and bilateral knees. The injured worker walked with an antalgic gait. The objective finds were neuropathic pain in the heel and knee pain. There was pain in the medial planter bilaterally. There was pain in the medial foot bilaterally. According to the QME report on October 11, 2015, the injured worker rated the pain at 5 out of 10 with medications and 8 out of 10 without pain medications. The injured worker reported, tended to ruminate on the pain and often had difficulty concentrating on anything because the pain interfered with the injured worker's attention. The injured worker attended psychotherapy in the past and felt the therapy was helpful on terms of allowing the injured worker to come to grips with functional limitations and pain. On October 15, 2015, the treating physician documented the injured worker's pain level went from 10 out of 10 to 4 out of 10 with pain medications. The injured worker was then able to more activities, personal hygiene, some household chores and a little bit of shopping. The urine screen was consistent. The injured

worker was not asking for early refills. The injured worker did report Oxycodone caused some stomach upset, which was relieved by Prilosec. The injured worker previously received the following treatments current medications Oxycodone 30mg three times daily, Prilosec, Soma, Trazodone, Colace, Ibuprofen and 12 session of psychotherapy. The RFA (request for authorization) dated October 15, 2015, the following treatments were requested a prescription for oxycodone tablet 30mg #90mg 30 days of medication with no refills. The UR (utilization review board) denied certification on November 2, 2015, for prescription for oxycodone tablet 30mg #90mg 30 days of medication #135 was modified to Oxycodone 30mg #80.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone tab 30mg #90 Supply: 30 days MED=135: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

Decision rationale: According to the MTUS Chronic Pain Medical Treatment Guidelines section on Opioids, On-Going Management, p 74-97, (a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy. (b) The lowest possible dose should be prescribed to improve pain and function. (c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the injured worker's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the injured worker's response to treatment. The 4 A's for Ongoing Monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain injured workers 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 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. (Passik, 2000) (d) Home: To aid in pain and functioning assessment, the injured worker should be requested to keep a pain diary that includes entries such as pain triggers, and incidence of end-of-dose pain. It should be emphasized that using this diary will help in tailoring the opioid dose. This should not be a requirement for pain management. (e) Use of drug screening or injured worker treatment with issues of abuse, addiction, or poor pain control. (f) Documentation of misuse of medications (doctor-shopping, uncontrolled drug escalation, drug diversion). (g) Continuing review of overall situation with regard to non-opioid means of pain control. (h) Consideration of a consultation with a multidisciplinary pain clinic if doses of opioids are required beyond what is usually required for the condition or pain does not improve on opioids in

3 months. Consider a psych consult if there is evidence of depression, anxiety or irritability. Additionally, the MTUS states that continued use of opioids requires (a) the injured worker has returned to work, (b) the injured worker has improved functioning and pain. The MTUS guidelines recommend that dosing not exceed 120 mg oral morphine equivalents per day, and for injured workers taking more than one opioid, the morphine equivalent doses of the different opioids must be added together to determine the cumulative dose. In general, the total daily dose of opioid should not exceed 120 mg oral morphine equivalents. Rarely, and only after pain management consultation, should the total daily dose of opioid be increased above 120 mg oral morphine equivalents. There is current documentation of baseline pain, pain score with use of opioids, functional improvement on current regimen, side effects AND review of potentially aberrant drug taking behaviors as outlined in the MTUS and as required for ongoing treatment. Additionally, the IW is under the care of a pain management physician. Therefore, at this time, the requirements for treatment have been met and the request is medically necessary and has been established.