

Case Number:	CM14-0118053		
Date Assigned:	08/06/2014	Date of Injury:	02/26/2000
Decision Date:	10/14/2014	UR Denial Date:	07/16/2014
Priority:	Standard	Application Received:	07/28/2014

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. The expert reviewer is Board Certified in Family Medicine, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 56-year old male fell nearly 10 feet off a roof and landed on a large pipe on 2/2/6/2000. He has accepted injuries of the neck, back, shoulders and both arms. Treatment has included epidural steroid injections, a lumbar fusion and a right knee arthroscopy. He underwent a trial of a spinal cord stimulator, but developed a severe postoperative infection. Current diagnoses include R medial meniscus tear, degenerative joint disease of the knee, knee arthritis, shoulder impingement syndrome, cervical radiculopathy, post lumbar laminectomy syndrome, lumbago and "other chronic pain". The available records contain progress notes from the patient's primary provider over a period from 11/5/13 through 7/15/14. During that time the patient has been prescribed Oxycontin 60 mg twice per day #120 and Oxycodone 30 mg four times per day #120 every 30 days. From 12/31/13 through 4/22/14 the number of Oxycodone tablets was reduced to #90 for each 30-day period, and then increased back to #120 beginning 5/20/14 due to increased pain levels. As of 7/15/14 the patient was still being prescribed Oxycontin 60 mg #120 and Oxycodone 30 mg #120 every 30 days. The primary provider makes frequent comments that he is recommending that the patient taper down on these medications, but this has obviously not occurred. In his 7/15/14 note, he states that the patient believes that the medications are becoming less effective with time since they have been significantly tapered over time. The provider also states that the patient has been tapered over the past 2-3 years from more than 1800 morphine mg equivalents to his current level of 540 morphine mg equivalents per day, and that the patient continues to self-taper. During the nearly 8-month period of documentation available in the records, the patient's work status has remained "medically retired" (i.e. totally disabled). Each note documents that he does not exercise. The goals of treatment are described as "Decrease pain, Enhance Sleep, Improve Mobility, Improve Self-Care, Increase Recreational Activities, Increase Social Activities, Increase Physical Activities, and Housework/Employment.

No specific activities and goals are ever mentioned. At every visit his pain level is noted to be 9-10/10 without medication and 6-7/10 with medication. There are no documented significant changes in his physical exam. Every progress note documents counseling about the risks of the patient's opioids, which include death. Oxycodone 30 mg #120 was denied in UR on 7/16/14, causing a request for IMR.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone HCL 30mg tablets, one PO 6-8 hours, #120: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Goodman and Gilman's The Pharmacological Basis of Therapeutics, 12th ed. McGraw Hill, 2010, Physician's Desk Reference, 68th ed. - www.RxList.com. Official Disability Guidelines (ODG) Workers Compensation Drug Formulary, www.odg-twc.com/odgtwc/formulary.htm

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids, Steps to Take Before a Therapeutic Trial of Opioids; Ongoing Manag.

Decision rationale: According to the MTUS guidelines cited above, if opioids are used, it is recommended that goals for pain and function be set and monitored. Opioids should be discontinued if there is no improvement in function. There is no good evidence that opioids are effective for radicular pain. If long-term use of opioids occurs, there is a need for ongoing pain and function assessments, as well as assessments for side effects, of concurrent other treatments, and of concurrent psychological issues. It is recommended that opioid dosing not exceed 120 mg oral morphine equivalents per day. The clinical findings do not support the continued use of oxycodone in this case. None of the above recommendations have been instituted. No goals were set for pain or function levels and no monitoring for them have occurred. There has been no functional improvement, and the patient remains totally disabled. There is not even evidence of improved pain levels, making it appear quite possible that the opioids are actually increasing this patient's pain (opioid hyperalgesia). The patient remains at doses of more than 400% of the recommended maximum morphine mg equivalents of 120, which puts him at risk for respiratory depression and death, among other side effects. The primary provider protestations to the contrary, no tapering has occurred over the past 8 months. Based on these clinical findings and the guidelines references, continued oxycodone use is not medically indicated because it has not resulted in any improvement in any measurable outcome in this patient, and it may be putting him at risk for serious side effects. Oxycodone 30 mg #120 is not medically necessary.