

Case Number:	CM14-0119249		
Date Assigned:	09/24/2014	Date of Injury:	06/24/2013
Decision Date:	10/29/2014	UR Denial Date:	07/18/2014
Priority:	Standard	Application Received:	07/29/2014

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 Preventive Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Texas. 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:

The injured worker is a 59 year old male who was injured at work on 06/24/2013. He is reported to be acquired skin infection of his left lower limb after reacting to Fentanyl patch. Therefore, he has been on treatment with antibiotics for the infection, but he has not been responding to it. He is reported to have elevated liver enzymes, excessive fluid accumulation in the body. Also, he has continued to suffer from pain despite treatment with increasing doses of pain medications. The injured worker has been diagnosed of Acute sinusitis; arthralgia of hip or thigh; arthritis of hip; cellulitis of leg; chronic pain syndrome; closed fracture of hip; constipation; edema; elevated liver enzymes; hip pain; hyperkalemia; hypertension; Non-dose related adverse reactions to medications; obesity; opioid type dependence, continuous use; Psoriasis; Tachycardia. Treatments have included Fentanyl patch; Percocet; Oxycodone, Cyclobenzaprine; Morphine, Cephalexin and Ceftriaxone; Furasamide; increasing doses of Oxycontin. At dispute is the request for Oxycontin ER 40MG, 3 times daily, #90

IMR ISSUES, DECISIONS AND RATIONALES

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

OXYCONTIN ER 40MG, 3 TIMES DAILY, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Discontinue Opioids opioids dosing Page(s): 79-80, 86-87.

Decision rationale: The injured worker sustained a work related injury on 06/24/2013. The medical records provided indicate the diagnosis of acute sinusitis; arthralgia of hip or thigh; arthritis of hip; cellulitis of leg; chronic pain syndrome; closed fracture of hip; constipation; edema; elevated liver enzymes; hip pain; hyperkalemia; hypertension; non-dose related adverse reactions to medications; obesity; opioid type dependence, continuous use; Psoriasis; Tachycardia. Treatments have included Fentanyl patch; Percocet; Oxycodone, Cyclobenzaprine; Morphine, Cephalexin and Ceftriaxone; OxyContin 15mg every 12 hours was started on 04/17/2014, increased to two tablets of 15mg every 12 hours on 04/22/14, but later to 30mg every 8 hours. The medical records provided for review do not indicate a medical necessity for Oxycontin ER 40MG, 3 times daily, #90. The MTUS does not recommend the use of more than 120 Morphine Equivalents in a single day. Besides, the records revealed that the injured worker has needed increasing doses of OxyContin for pain control. OxyContin is a controlled release formulation of Oxycodone hydrochloride. Oxycodone has 1.5 Morphine equivalents; therefore, the requested dose is $1.5 \times 40 \times 3 = 180$ Morphine Equivalent dose. Furthermore, the MTUS recommends opioids should not be used beyond 16 weeks without improved benefits, and to discontinue the opioid if there is no overall improvement in function, unless there are extenuating circumstances. The request is not medically necessary.