

Case Number:	CM14-0133238		
Date Assigned:	08/22/2014	Date of Injury:	08/15/2009
Decision Date:	10/29/2014	UR Denial Date:	08/18/2014
Priority:	Standard	Application Received:	08/19/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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:

The patient is a 61-year-old male with a date of injury of 08/15/2009. According to progress report 03/10/2014, the patient presents with cervical, thoracic, lumbar, bilateral elbows, ankles and lower extremity pain. The patient is status post total left knee replacement on 12/05/2013. The patient reports pain level as 8/10 without medications and 4/10 with medications. The patient's current pain level was noted as 7/10. Current medication regimen includes docusate 100 mg, omeprazole 20 mg, OxyContin 80 mg, Percocet 10/325 mg and Voltaren gel. The patient states he is currently receiving 60% pain relief with current medications and denies side effects. There is an increase in functional improvement in his ADLs including walking and standing for longer periods of time. It was noted that he is able to drive for longer and able to provide "self-care that he would be unable to perform without medications." Examination revealed decreased range of motion in the left knee and mild tenderness to palpation noted in the anterior ankle bilaterally. The treater is requesting a refill of medications. Utilization review denied the request on 03/20/2014. Progress reports from 01/10/2014 through 04/08/2014 were reviewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 80 mg Qty# 90.00: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines MTUS Guidelines CRITERIA FOR USE OF OPIOIDS MTUS CR.

Decision rationale: This patient presents with chronic pain. The treater is requesting a refill of OxyContin 80 mg #90. For opiate management, MTUS Guidelines pages 88 and 89 state, "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). The treater indicates that the patient has a decrease in pain with current medication regimen. There are pain scales that denote the decrease in pain in each progress report. Furthermore, the treater states the patient is able to stand, walk and drive for longer period of time with current medications. The patient also reports he is able to provide self-care and perform activities of daily living. A narcotic agreement is on file, and the treater states that the patient does not exhibit aberrant drug-seeking behaviors. UDS was taken to "ensure compliance." In this case, the treater indicates the patient has pain relief with current medication regimen. There are specific functional improvements noted with taking long-term opioids. Furthermore, the treater has addressed possible aberrant behaviors, side effects, and has administered random UDS to ensure compliance. Given the medications efficacy and documentation of functional improvement, recommendation is for approval.

Percocet 10/325 mg Qty# 180.00: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: This patient presents with chronic pain. The treater is requesting a refill of Percocet 10/325mg #180. For opiate management, MTUS Guidelines pages 88 and 89 state, "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). The treater indicates that the patient has a decrease in pain with current medication regimen. There are pain scales that denote the decrease in pain in each progress report. Furthermore, the treater states the patient is able to stand, walk and drive for longer period of time with current medications. The patient also reports he is able to provide self-care and perform activities of daily living. A narcotic agreement is on file, and the treater states that the patient does not exhibit aberrant drug-seeking behaviors. UDS was taken to "ensure compliance." In this case, the treater indicates the patient has pain relief with current medication regimen. There are specific functional improvements noted with taking long-term opioids. Furthermore, the treater has addressed possible aberrant behaviors, side effects, and has administered random UDS to ensure compliance. Given the

medications efficacy and documentation of functional improvement, recommendation is for approval.