

Case Number:	CM14-0165819		
Date Assigned:	10/13/2014	Date of Injury:	03/09/2008
Decision Date:	11/13/2014	UR Denial Date:	09/26/2014
Priority:	Standard	Application Received:	10/08/2014

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:

The patient is a 52 year-old man who was injured at work on 3/9/2008. The injury was primarily to his back, right shoulder and right knee. He is requesting review of denial for Oxycontin SR 10mg #60 tablets. Medical records corroborate ongoing care for his injuries. The records include his Primary Treating Physician's Progress Reports. His chronic diagnoses include the following: Recurrent Right Shoulder Pain Secondary to Rotator Cuff Tendinitis with Acromioclavicular Joint Arthritis; Right Anterior Knee Pain Secondary to Patellar Tendinitis; Right Medial Knee Pain Secondary to Posttraumatic Arthritis; Lumbar Degenerative Disease with Chronic L5-S1 Radiculopathy; Status Post Compression Fracture of L1; Chronic Pain Related Anxiety and Depression; Right Medial Elbow Pain Secondary to Flexor Tendinopathy. His treatment, other than the above procedures has included the following medications: OxyContin ER 10mg BID, Lyrica 50mg QHS, Zoloft 50mg QD, Zantac 300mg QHS, and Phenergan 25mg TID. Prior peer review recommended an opioid weaning program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxy SR 10mg #60 for the lumbar spine and right elbow: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 76-78, 80..

Decision rationale: The MTUS/Chronic Pain Medical Treatment Guidelines comment on the long-term use of opioids. These guidelines have established criteria for the use of opioids for the ongoing management of pain. Actions should include: prescriptions from a single practitioner and from a single pharmacy. The lowest possible dose should be prescribed to improve pain and function. There should be an 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 patient's decreased pain, increased level of function, or improved quality of life. There should be evidence of documentation of the "4 A's for Ongoing Monitoring." These four domains include: pain relief, side effects, physical and psychological functioning, and the occurrence of any potentially aberrant drug-related behaviors. Further, there should be 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 that does not improve on opioids in 3 months. There should be consideration of an addiction medicine consult if there is evidence of substance misuse (Pages 76-78). Finally, the guidelines indicate that for chronic back pain, the long-term efficacy of opioids is unclear. Failure to respond to a time-limited course of opioids has led to the suggestion of reassessment and consideration of alternative therapy (Page 80). Based on the review of the medical records, there is insufficient documentation in support of these stated MTUS/Chronic Pain Medical Treatment Guidelines for the ongoing use of opioids. There is insufficient documentation of the "4 A's for Ongoing Monitoring." The treatment course of opioids in this patient has extended well beyond the timeframe required for a reassessment of therapy. In summary, there is insufficient documentation to support the chronic use of an opioid in this patient. Treatment with OxyContin is not indicated. Therefore, the request for Oxy SR 10mg #60 for the lumbar spine and right elbow is not medically necessary and appropriate.