

Case Number:	CM15-0010663		
Date Assigned:	01/28/2015	Date of Injury:	09/03/2008
Decision Date:	03/23/2015	UR Denial Date:	01/12/2015
Priority:	Standard	Application Received:	01/20/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular Medicine

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 54-year-old female, who sustained an industrial injury, September 3, 2008. The injury occurred when the injured worker fell down a flight of stairs. The injured workers chief complaint was neck, right hand, lower back, left knee and right knee pain. The injured worker was diagnosed with right and left medial compartment narrowing with degenerative joint disease, brachial neuritis or radiculitis, cervicalgia, lumbar disc displacement and spasm of muscles. The injured worker received the following treatments cortisone injections to the right knee, back surgery of anterior and posterior L5-S1 decompression and fusion, carpal tunnel surgery, right knee arthroscopic surgery two years ago, bilateral hand trigger point injections, X-ray report of the right knee, MRI of the lumbar spine, MRI cervical spine, MRI results of the right knee, EMG/NCS (electromyography and nerve conduction studies) findings, ambulates with a cane, physical therapy, home exercise program, pain medications, TENS (transcutaneous electrical nerve stimulator) unit and anti-inflammatory medications. On December 22, 2014, the primary treating physician requested prescriptions for Ibuprofen 800mg #90, Oxycodone 15mg #120 and Oxycontin CR 30mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone 15mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, dosing & Ongoing management Page(s): 86-87 & 78-80. Decision based on MTUS Citation 9792.20. Medical Treatment Utilization Schedule Definitions. (f) Functional improvement

Decision rationale: Oxycodone 15mg #120 is not medically necessary per the MTUS Guidelines. The MTUS recommends that opioid dosing not exceed 120 mg oral morphine equivalents per day, and for patients taking more than one opioid, the morphine equivalent doses of the different opioids must be added together to determine the cumulative dose. The MTUS Chronic Pain Medical Treatment Guidelines state that a 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. The MTUS does not support ongoing opioid use without improvement in function or pain. The documentation submitted reveals that the patient has been on long-term opioids without significant specific evidence functional improvement as defined by the MTUS. Due to lack of functional benefit and the medications, exceeding the recommended morphine equivalent dose the request for Oxycodone is not medically necessary.

Oxycontin 30mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, dosing & Ongoing management Page(s): 86-87 & 78-80. Decision based on Non-MTUS Citation § 9792.20. Medical Treatment Utilization Schedule Definitions. (f) Functional improvement

Decision rationale: Oxycontin 30mg #60 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS recommends that opioid dosing not exceed 120 mg oral morphine equivalents per day, and for patients taking more than one opioid, the morphine equivalent doses of the different opioids must be added together to determine the cumulative dose. 372 are not medically necessary per the MTUS Guidelines. The MTUS Chronic Pain Medical Treatment Guidelines state that a 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. The MTUS does not support ongoing opioid use without improvement in function or pain. The documentation submitted reveals that the patient has been on long-term opioids without significant functional improvement therefore the request for Oxycontin is not medically necessary.

