

<b>Case Number:</b>	CM15-0019527		
<b>Date Assigned:</b>	02/09/2015	<b>Date of Injury:</b>	04/22/1999
<b>Decision Date:</b>	03/25/2015	<b>UR Denial Date:</b>	01/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/02/2015

### 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: California, Indiana, New York  
Certification(s)/Specialty: Internal 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 is a 54 year old male who sustained an industrial injury on 04/29/99. He reports chronic pain in his right hip. Diagnoses include closed head injury with organic brain syndrome, muscle contraction and vascular headaches, right hip pain, chronic pain and depression. In a progress noted dated 12/16/14 the treating provider reports that he walks with a sling limp and uses a cane. The treatment plan included continuing his current medications. On 01/20/15 Utilization /Review non-certified Oxycodone and OxyContin, citing MTUS guidelines. Dexedrine was also non-certified, with no citation provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Oxycodone 30 MG #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Pain section, Opiates

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Oxycodone 30mg #60 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. In this case, the injured worker's working diagnoses are closed head injury with organic brain syndrome, secondary to head trauma with cognitive impairment on occasion, improved Dexedrine; muscle contraction and vascular headaches; right hip pain, status post right hip fracture sacral ileitis and chronic pain requiring analgesic medication; and history of erectile dysfunction related to head the low back injuries. Subjectively, in a January 20, 2015 progress note, the injured worker has been taking these medications for more than 10 years. The injured worker has chronic pain that has been unchanged for the past 10 years. His current medication program is Oxycodone 30 mg twice a day, OxyContin SR 60 mg one pill three times a day and Dexedrine spansules 15 mg twice a day. The physical examination contains a blood pressure and heart rate. It indicates the injured worker ambulates with a cane with normal strength, sensation reflexes in the upper and lower extremities. There is no other objective information and medical record. The documentation does not contain evidence of objective functional improvement associated with ongoing oxycodone 30 mg. The documentation does not contain any indications of an attempt to wean the oxycodone 30 mg. There are no risk assessments in the medical record. There are no detailed assessments in the medical record. Consequently, absent clinical documentation with a more comprehensive physical examination, urine drug testing and risk assessment, Oxycodone 30 mg #60 is not medically necessary.

**Dexedrine 15 MG #120:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.cms.gov/Medicare-Medicaid-Coordination/Fraud-Prevention/Medicaid-Integrity-Education/Pharmacy-Education-Materials/Downloads/stim-adult-dosingchart.pdf> <http://www.webmd.com/drugs/2/drug-11574/dexedrine-oral/details>

**Decision rationale:** Pursuant to the evidence-based guidelines (Web M.D.), Dexedrine 15 mg #120 is not medically necessary. Dexedrine is indicated for attention deficit hyperactive disorder and narcolepsy. Dextro amphetamine (Dexedrine) is a stimulant. For additional details see the attached links. In this case, the injured worker's working diagnoses are closed head injury with organic brain syndrome, secondary to head trauma with cognitive impairment on occasion, improved Dexedrine; muscle contraction and vascular headaches; right hip pain, status post right hip fracture sacral ileitis and chronic pain requiring analgesic medication; and history of erectile dysfunction related to head the low back injuries. Subjectively, in a January 20, 2015 progress note, the injured worker has been taking these medications for more than 10 years. The injured worker has chronic pain that has been unchanged for the past 10 years. His current medication

program is oxycodone 30 mg twice a day, OxyContin SR 60 mg one pill three times a day and Dexedrine spansules 15 mg twice a day. The physical examination contains a blood pressure and heart rate. It indicates the injured worker ambulates with a cane with normal strength, sensation reflexes in the upper and lower extremities. There is no other objective information and medical record. The documentation does not contain evidence of objective functional improvement associated with ongoing Dexedrine 15 mg. The documentation does not contain any indications of an attempt to wean the Dexedrine 15 mg. The treating physician states Dexedrine helps the injured worker with cognitive impairment. There is no quantification of mental status or cognitive impairment in the medical record. Consequently, absent clinical documentation with objective functional improvement and quantification of cognitive impairment with ongoing Dexedrine use, Dexedrine 15 mg #120 is not medically necessary.

**Oxycontin 60 MG #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Pain section, Opiates

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, OxyContin 60 mg #90 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. In this case, the injured worker's working diagnoses are closed head injury with organic brain syndrome, secondary to head trauma with cognitive impairment on occasion, improved Dexedrine; muscle contraction and vascular headaches; right hip pain, status post right hip fracture sacral ileitis and chronic pain requiring analgesic medication; and history of erectile dysfunction related to head the low back injuries. Subjectively, in a January 20, 2015 progress note, the injured worker has been taking these medications for more than 10 years. The injured worker has chronic pain that has been unchanged for the past 10 years. His current medication program is oxycodone 30 mg twice a day, OxyContin SR 60 mg one pill three times a day and Dexedrine spansules 15 mg twice a day. The physical examination contains a blood pressure and heart rate. It indicates the injured worker ambulates with a cane with normal strength, sensation reflexes in the upper and lower extremities. There is no other objective information and medical record. The documentation does not contain evidence of objective functional improvement associated with ongoing OxyContin 60 mg. The documentation does not contain any indications of an attempt to wean the oxycodone 30 mg. There are no risk assessments in the medical record. There are no detailed assessments in the medical record. Consequently, absent clinical documentation with a more comprehensive physical examination, urine drug testing and risk assessment, OxyContin 60 mg #90 is not medically necessary.