

Case Number:	CM15-0127727		
Date Assigned:	07/20/2015	Date of Injury:	01/23/2010
Decision Date:	08/20/2015	UR Denial Date:	06/03/2015
Priority:	Standard	Application Received:	07/01/2015

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: Texas, California
 Certification(s)/Specialty: Family Practice

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 38 year old male, who sustained an industrial injury on 1/23/2010. Diagnoses include left hip continued pain with heterotopic calcification. Treatment to date has included surgical intervention (left hip arthroscopy in 2011, and left hip arthroscopic surgery with decompression of CAM lesion and debridement of labral tear on 9/11/2014), as well as conservative measures including physical therapy, modified work and medications. Per the Primary Treating Physician's Progress Report dated 9/05/2014, the injured worker reported no significant improvement since surgery. Objective findings on 8/01/2014 included tenderness on the anterior aspect of the left hip with palpable calcification on the anterior aspect with significant discomfort with palpation. The plan of care included continuation of medications. Authorization was requested for Oxycontin 30mg #60. The medication list include Oxycontin and Ambien. Per the notes dated 11/14/14, (2 months after the last hip surgery of 9/11/14), the pt had a normal hip exam, normal hip ROM, no tenderness in the hip area and normal gait. The patient had used a TENS unit for this injury. A recent urine drug screen report was not specified in the records provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 30mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines -Opioids, criteria for use: page 76-80 CRITERIA FOR USE OF OPIOIDS Therapeutic Trial of Opioids.

Decision rationale: Request Oxycontin 30mg #60 Oxycontin 30mg #60 is an opioid analgesic. According to CA MTUS guidelines cited below, "A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." The records provided do not specify that patient has set goals regarding the use of opioid analgesic. A treatment failure with non-opioid analgesics is not specified in the records provided. Other criteria for ongoing management of opioids are: "The lowest possible dose should be prescribed to improve pain and function. Continuing review of the overall situation with regard to non-opioid means of pain control. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs." The records provided do not provide a documentation of response in regards to pain control and functional improvement to opioid analgesic for this patient. The continued review of overall situation with regard to non-opioid means of pain control is not documented in the records provided. As recommended by MTUS a documentation of pain relief, functional status, appropriate medication use, and side effects should be maintained for ongoing management of opioid analgesic, these are not specified in the records provided. MTUS guidelines also recommend urine drug screen to assess for the use or the presence of illegal drugs in patients using opioids for long term. A recent urine drug screen report is not specified in the records provided. Per the notes dated 11/14/14, (2 months after the last hip surgery of 9/11/14), the pt had a normal hip exam, normal hip ROM, no tenderness in the hip area and normal gait. Objective evidence of significant functional deficits were not specified in the records provided. The level of pain control with lower potency opioids and other non opioid medications (antidepressants for chronic pain), without the use of Oxycontin, was not specified in the records provided. Whether improvement in pain translated into objective functional improvement including ability to work is not specified in the records provided. With this, it is deemed that, this patient does not meet criteria for ongoing continued use of opioids analgesic. The Oxycontin 30mg #60 is not medically necessary for this patient, given the records submitted and the guidelines referenced. If this medication is discontinued, the medication should be tapered, according to the discretion of the treating provider, to prevent withdrawal symptoms.