

Case Number:	CM15-0172546		
Date Assigned:	09/23/2015	Date of Injury:	06/01/1998
Decision Date:	10/27/2015	UR Denial Date:	08/13/2015
Priority:	Standard	Application Received:	09/01/2015

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: Massachusetts

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

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 61 year old male with an industrial injury date of 06-01-1998. Review of medical records indicates he is being treated for carpal tunnel syndrome and osteoarthritis of forearm. Subjective complaints (07-14-2015) include chronic wrist and hand pain with aching and stiffness in the wrist. The provider documented the injured worker stated that he "has been adjusting" to the lower dose of opiate pain meds. "He has been using more Ibuprofen." "Lately he takes 600 mg bid (twice daily)." "No adverse side effects reported." In the progress note dated 08-10-2015 the treating physician documented "no major flares in wrist-hand pain over the past month." He has been able to continue photography without any major flares." Current medications are documented (07-14-2015) as Ibuprofen, Oxycontin 20 mg twice daily, Oxycontin 10 mg at bedtime and Oxycodone 5 mg twice daily. The provider documented in the 05-13-2015 treatment note "Prior to the weaning process patient was taking Oxycontin 20 mg every morning and afternoon, Oxycontin 30 mg every night and, 10 mg every morning and Oxycodone 5 mg every night." "He was also taking Ibuprofen 600 mg max tid (three times daily) prn (as needed) joint swelling and pain." "On this regimen, he was relatively stable for 7 years." Review of medical records does not indicate a numeric pain rating. Medications tried in the past (05-13-2015) are documented as Neurontin, Trazodone, Avinza, Darvocet N-100, multiple non-steroidal anti-inflammatory drugs, Fentanyl, Lyrica and Hydrocodone-APAP. Other documented treatments included bilateral carpal tunnel release, physical therapy and bilateral wrist splints. Physical exam (07-14-2015) documented chronic limitation with passive and active bilateral

wrist flexion, extension, radial deviation and ulnar deviation with pain at the end range of motion of bilateral wrists. The treating physician documented (07-14-2015) "DEA patient activity report for controlled substances checked." "No abnormal activity." "No adverse side effects noted." Review of medical records does not indicate a urine drug screen or urine drug screen results. The treatment request is for:- Retro Oxycodone 5 mg #60 DOS 07/14/15-Retro OxyContin 20 mg #60 DOS 07/14/15-Retro OxyContin 10 mg #30 DOS 07/14/15. On 08-13-2015 utilization review non-certified the request for the following: Retro Oxycodone 5 mg #60 DOS 07/14/15. Retro OxyContin 20 mg #60 DOS 07/14/15. Retro OxyContin 10 mg #30 DOS 07/14/15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro OxyContin 20mg #60 DOS 07/14/15: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids, dosing, Opioids, long-term assessment.

Decision rationale: The claimant has a remote history of a work injury occurring in June 1998 and continues to be treated for chronic wrist and hand pain with diagnoses of osteoarthritis and carpal tunnel syndrome. In June 2015 he had been taking a lower dose of his pain medications and had a slightly higher level of pain which was still manageable. When seen, pain medications were helping to reduce his pain symptoms. Medications were allowing him to be able to use his hands for household chores, right his bicycle for transportation, and continue photography without major flareups. Physical examination findings included decreased wrist range of motion with pain and mild tenderness. There was decreased grip strength and thumb weakness. Medications were continued. OxyContin and oxycodone were prescribed at a total MED (morphine equivalent dose) of 90 mg per day. Guidelines indicate that when an injured worker has reached a permanent and stationary status or maximal medical improvement, that does not mean that they are no longer entitled to future medical care. When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Oxycodone is an immediate release short acting medication often used for intermittent or breakthrough pain which would be expected in this case. It is being prescribed as part of the claimant's ongoing management. There are no identified issues of abuse or addiction and medications are providing decreased pain and improved activities of daily living and activity tolerance with specific examples provided. The total MED is less than 120 mg per day consistent with guideline recommendations. When medications were weaned, there was increased pain indicated prescribing is at the lowest effect dose. Continued prescribing is medically necessary.

Retro OxyContin 10mg #30 DOS 07/14/15: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain, Opioids, dosing, Opioids, long-term assessment.

Decision rationale: The claimant has a remote history of a work injury occurring in June 1998 and continues to be treated for chronic wrist and hand pain with diagnoses of osteoarthritis and carpal tunnel syndrome. In June 2015 he had been taking a lower dose of his pain medications and had a slightly higher level of pain which was still manageable. When seen, pain medications were helping to reduce his pain symptoms. Medications were allowing him to be able to use his hands for household chores, right his bicycle for transportation, and continue photography without major flareups. Physical examination findings included decreased wrist range of motion with pain and mild tenderness. There was decreased grip strength and thumb weakness. Medications were continued. OxyContin and oxycodone were prescribed at a total MED (morphine equivalent dose) of 90 mg per day. Guidelines indicate that when an injured worker has reached a permanent and stationary status or maximal medical improvement, that does not mean that they are no longer entitled to future medical care. When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. OxyContin is a sustained release opioid used for treating baseline pain which would be expected in this case. It is being prescribed as part of the claimant's ongoing management. There are no identified issues of abuse or addiction and medications are providing decreased pain and improved activities of daily living and activity tolerance with specific examples provided. The total MED is less than 120 mg per day consistent with guideline recommendations. When medications were weaned, there was increased pain indicated prescribing is at the lowest effect dose. Continued prescribing is medically necessary.

Retro Oxycodone 5mg #60 DOS 07/14/15: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids, dosing, Opioids, long-term assessment.

Decision rationale: The claimant has a remote history of a work injury occurring in June 1998 and continues to be treated for chronic wrist and hand pain with diagnoses of osteoarthritis and carpal tunnel syndrome. In June 2015 he had been taking a lower dose of his pain medications and had a slightly higher level of pain which was still manageable. When seen, pain medications were helping to reduce his pain symptoms. Medications were allowing him to be able to use his hands for household chores, right his bicycle for transportation, and continue photography without major flareups. Physical examination findings included decreased wrist range of motion with pain and mild tenderness. There was decreased grip strength and thumb weakness. Medications were continued. OxyContin and oxycodone were prescribed at a total MED (morphine equivalent dose) of 90 mg per day. Guidelines indicate that when an injured worker has reached a permanent and stationary status or maximal medical improvement, that does not mean that they are no longer entitled to future medical care. When prescribing controlled

substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Oxycodone is an immediate release short acting medication often used for intermittent or breakthrough pain which would be expected in this case. It is being prescribed as part of the claimant's ongoing management. There are no identified issues of abuse or addiction and medications are providing decreased pain and improved activities of daily living and activity tolerance with specific examples provided. The total MED is less than 120 mg per day consistent with guideline recommendations. When medications were weaned, there was increased pain indicated prescribing is at the lowest effect dose. Continued prescribing is medically necessary.