

Case Number:	CM15-0066693		
Date Assigned:	04/14/2015	Date of Injury:	07/28/2007
Decision Date:	05/19/2015	UR Denial Date:	03/25/2015
Priority:	Standard	Application Received:	04/08/2015

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
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:

This male sustained an industrial injury to the right ankle on 7/28/07. Recent treatment included medications. In a PR-2 dated 3/2/15, the injured worker complained of leg pain and sciatica rated 7/10 on the visual analog scale with medications. The injured worker had recently undergone removal of a nerve and a neuroma and had a small infection. The injured worker reported having more pain from the surgery but a little less pain from the nerve. Physical exam was remarkable for right ankle with tenderness to palpation and painful and restricted range of motion and lumbar spine with tenderness to palpation at the facet and bilateral sacroiliac joints with decreased range of motion. Current diagnoses included ankle pain, foot pain and long term use of narcotics. The treatment plan included continuing medications (Oxycodone and Oxycontin).

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone 30mg #240: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-48, Chronic Pain Treatment Guidelines Opioids Page 74-96.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines address opioids. The lowest possible dose should be prescribed to improve pain and function. MTUS Chronic Pain Medical Treatment Guidelines recommends that opioid dosing not exceed 120 mg oral morphine equivalents per day. The Morphine Equivalent Dose (MED) factor is 1.5 for Oxycodone. Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the 4 A's (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors). Frequent evaluation of clinical history and frequent review of medications are recommended. Periodic review of the ongoing chronic pain treatment plan for the injured worker is essential. Patients with pain who are managed with controlled substances should be seen regularly. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 3 states that opioids appear to be no more effective than safer analgesics for managing most musculoskeletal symptoms. Opioids should be used only if needed for severe pain and only for a short time. Medical records document the long-term use of opioids. ACOEM guidelines indicate that the long-term use of opioids is not recommended. Per MTUS, the lowest possible dose of opioid should be prescribed. The date of injury is 07-28-2007. The primary treating physician's progress report dated 3/2/2015 documented prescriptions for Oxycodone 30 mg quantity #240 tablets for 30 days, and OxyContin 20 mg quantity #60 tablets for 30 days. This opioid regimen is equivalent to 420 morphine equivalents per day. MTUS Chronic Pain Medical Treatment Guidelines recommends that opioid dosing not exceed 120 mg oral morphine equivalents per day. Therefore, the patient's opioid regimen, which is equivalent to 420 morphine equivalents per day, exceeds the MTUS recommended limit of 120 mg morphine equivalents per day. Therefore, the request for Oxycodone 30 mg quantity #240 tablets and OxyContin 20 mg quantity #60 tablets is not supported by MTUS guidelines. Therefore, the request for Oxycodone 30 mg quantity #240 tablets is not medically necessary.

Oxycontin 20mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-48, Chronic Pain Treatment Guidelines Opioids Page 74-96.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines address opioids. The lowest possible dose should be prescribed to improve pain and function. MTUS Chronic Pain Medical Treatment Guidelines recommends that opioid dosing not exceed 120 mg oral morphine equivalents per day. The Morphine Equivalent Dose (MED) factor is 1.5 for Oxycodone. Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or

nonadherent) drug-related behaviors. These domains have been summarized as the 4 A's (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors). Frequent evaluation of clinical history and frequent review of medications are recommended. Periodic review of the ongoing chronic pain treatment plan for the injured worker is essential. Patients with pain who are managed with controlled substances should be seen regularly. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 3 states that opioids appear to be no more effective than safer analgesics for managing most musculoskeletal symptoms. Opioids should be used only if needed for severe pain and only for a short time. Medical records document the long-term use of opioids. ACOEM guidelines indicate that the long-term use of opioids is not recommended. Per MTUS, the lowest possible dose of opioid should be prescribed. The date of injury is 07-28-2007. The primary treating physician's progress report dated 3/2/2015 documented prescriptions for Oxycodone 30 mg quantity #240 tablets for 30 days, and OxyContin 20 mg quantity #60 tablets for 30 days. This opioid regimen is equivalent to 420 morphine equivalents per day. MTUS Chronic Pain Medical Treatment Guidelines recommends that opioid dosing not exceed 120 mg oral morphine equivalents per day. Therefore, the patient's opioid regimen, which is equivalent to 420 morphine equivalents per day, exceeds the MTUS recommended limit of 120 mg morphine equivalents per day. Therefore, the request for Oxycodone 30 mg quantity #240 tablets and OxyContin 20 mg quantity #60 tablets is not supported by MTUS guidelines. Therefore, the request for OxyContin 20 mg quantity #60 tablets is not medically necessary.