

Case Number:	CM15-0077124		
Date Assigned:	04/28/2015	Date of Injury:	09/14/1975
Decision Date:	05/28/2015	UR Denial Date:	04/08/2015
Priority:	Standard	Application Received:	04/22/2015

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: Preventive Medicine, Occupational 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 76 year old female who sustained an industrial injury on 09/14/75. Initial complaints and diagnoses are not addressed. Treatments to date include medications (presently taking NSAID, had taken opioids but morphine and Norco cause itch) and multiple surgeries. Diagnostic studies are not addressed. Current complaints include knee and back pain. Current diagnoses include chronic pain, lumbago, and pain in the lower leg joint. In a progress note dated 03/24/15 the treating provider reports the plan of care as Oxycodone IR and other medications. The requested treatment is Oxycodone IR.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone IR 15 mg, 120 count: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-9, Chronic Pain Treatment Guidelines Medications for chronic pain; Opioids Page(s): 60-1; 74-96.

Decision rationale: Oxycodone (OxyContin) is a semisynthetic opioid indicated for treatment of moderate to severe pain available in immediate release (Oxycodone IR) and controlled release forms. According to the MTUS, opioid therapy for control of chronic pain, while not considered first line therapy, is considered a viable alternative when other modalities have been tried and failed. When being used to treat neuropathic pain it is considered a second-line treatment (first-line medications are antidepressants and anticonvulsants), however, there are no long-term studies to suggest chronic use of opioids for neuropathic pain. It is known that long-term use of opioids is associated with hyperalgesia and tolerance. Success of this therapy is noted when there is significant improvement in pain or function. It is important to note, however, the maximum daily dose of opioids, calculated as morphine equivalent dosing from use of all opioid medications, is 120 mg per day. The major risks of opioid therapy are the development of addiction, overdose and death. The pain guidelines in the MTUS directly address opioid use by presenting a number of recommendations required for providers to document safe use of these medications. This patient has had a work-related injury for about 40 years. The medical records available for review were just for the last three visits. It describes the patient intolerant to morphine and Norco due to itchiness but notes that the use of NSAIDs are not adequate to treat her pain. The provider's request is for a trial of a different opioid. It must be assumed that since she has been on other opioids in the past the use of opioids met the above requirements. She is not presently taking any opioid but there is a relative contraindication for use of this group of medications due to the side effect (itching) noted during prior use. This is not a life-threatening side effect so not an absolute contraindication for use of these medications. This request thus is an option in the care of this patient. Medical necessity for use of this medication has been established. Therefore the request is medically necessary.