

Case Number:	CM15-0095105		
Date Assigned:	05/21/2015	Date of Injury:	11/17/2000
Decision Date:	06/24/2015	UR Denial Date:	05/07/2015
Priority:	Standard	Application Received:	05/18/2015

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: Emergency 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 58 year old female, who sustained an industrial injury on 11/17/2000. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. The injured worker was diagnosed as having post laminectomy syndrome to the cervical region and chronic pain syndrome. Treatment and diagnostic studies to date has included medication regimen, status post cervical surgery, physical therapy, and functional restoration program. In a progress note dated 04/17/2015 the treating physician reports complaints of joint stiffness and pain, pain to the low back, leg cramps, muscle aches, pain to the shoulder, sciatica, swollen joints, and complaints of headaches. Examination reveals restricted cervical range of motion, positive straight leg raise on the right side, and an antalgic gait. The injured worker's current medication regimen includes Oxycodone HCL, OxyContin, Atenolol, Ondansetron, Potassium Chloride ER, Nexium, Flovent HFA (Hydrofluoroalkane), Promethazine, Metoclopramide HCl, Lasix, Cyclobenzaprine HCl, Vitamin D-3, Vitamin E, Vitamin B-12, and Vitamin C. The pain is noted to occur all day. The pain is also noted to be worse with movement and awakes the injured worker up at night, but the pain is noted to improve with pain medication. The injured worker's pain level is rated a 4 out of 10, but the documentation provided did not indicate the injured worker's pain level as rated on a pain scale prior to use of her medication regimen and after use of her medication regimen to indicate the effects with the use of the injured worker's medication regimen. Also, the documentation provided did not indicate if the injured worker experienced any functional improvement with use of the injured worker's current medication regimen. The treating physician requested the

medications of Oxycodone HCL 30mg with a quantity of 120 and OxyContin Extended Release 60mg quantity of 60 noting that the injured worker has an increase in pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone HCL 30mg, #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-79.

Decision rationale: Oxycodone is an opioid. As per MTUS Chronic pain guidelines, documentation requires appropriate documentation of analgesia, activity of daily living, adverse events and aberrant behavior. Documentation fails criteria. Patient has chronic pain. There is a failure to document any improvement in pain or objective functional status. There is disconnect between documentation and medication request. Documentation claims that patient wants to change and decrease opioid use but actual progress does not support claim. Documentation claims plan for weaning oxycodone by dosing has actually increased from 10mg to 30mg every 6hours over the last 6months. Oxycontin that patient is taking alone is 180mg MED which exceeds maximum of 120mg MED. In combination with oxycodone, this further exceeds recommendation. Utilization review recommends weaning. The lack of any objective benefit of this medication with excessive dosing and lack of progress in weaning does not support this prescription. Oxycodone is not medically necessary.

Oxycontin ER 60mg, #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-79.

Decision rationale: Oxycontin is extended release Oxycodone, an opioid. As per MTUS Chronic pain guidelines, documentation requires appropriate documentation of analgesia, activity of daily living, adverse events and aberrant behavior. Documentation fails criteria. Patient has chronic pain. There is a failure to document any improvement in pain or objective functional status. There is disconnect between documentation and medication request. Documentation claims that patient wants to change and decrease opioid use but actual progress does not support claim. Documentation claims plan for weaning oxycodone but dosing has actually increased from 10mg to 30mg over 6months. Oxycontin that patient is taking alone is 180mg MED which exceeds maximum of 120mg MED. In combination with oxycodone, this further exceeds recommendation. The lack of any objective benefit of this medication with

excessive dosing and lack of progress in weaning does not support this prescription. Oxycontin is not medically necessary.