

Case Number:	CM14-0143313		
Date Assigned:	09/10/2014	Date of Injury:	02/01/2003
Decision Date:	10/21/2014	UR Denial Date:	08/19/2014
Priority:	Standard	Application Received:	09/04/2014

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. The expert reviewer is Board Certified in Family Medicine and is licensed to practice in Tennessee, California and Florida. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 69 year old female who sustained an injury on 02/01/03. The injured worker reported feeling a snap in the right knee while bending down to reach an object. The injured worker has undergone a prior right knee arthroscopic debridement in 2004. The injured worker's medication history has been extensive for narcotics, NSAIDs, muscle relaxers, and Cymbalta. The injured worker's urine drug screen were noted to be consistent with Oxycodone use. The injured worker was seen on 07/17/14 with continuing complaints of pain in the left flank region. The injured worker was pending gastric bypass. With medications the injured worker's pain was reported to have decreased by 50%. On physical exam there was point tenderness to palpation in the left flank region. The injured worker was recommended to continue with NSAIDs and OxyContin at this evaluation. The injured worker's medications were denied on 08/19/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 20mg #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use, Page(s): 88-89.

Decision rationale: The injured worker does report documented efficacy of OxyContin in terms of pain relief at least 50%. The injured worker's total morphine equivalent dose per day is less than 100mg per day. The injured worker's urine drug screens for 2014 were all consistent with this medication. There is no indication of any aberrant medication use or concerns regarding potential abuse. Therefore, the ongoing use of this medication would be guideline recommendations and its continuing use was medically appropriate.

Ibuprofen 800mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, Page(s): 67-68.

Decision rationale: The chronic use of prescription non-steroidal anti-inflammatory drugs (NSAIDs) is not recommended by current evidence based guidelines as there is limited evidence regarding their efficacy as compared to standard over-the-counter medications for pain such as Tylenol. Per guidelines, NSAIDs can be considered for the treatment of acute musculoskeletal pain secondary to injury or flareups of chronic pain. There is no indication that the use of NSAIDs in this case was for recent exacerbations of the injured worker's known chronic pain. As such, the injured worker could have reasonably transitioned to an over-the-counter medication for pain.