

Case Number:	CM13-0005823		
Date Assigned:	06/06/2014	Date of Injury:	02/04/2012
Decision Date:	07/30/2014	UR Denial Date:	07/02/2013
Priority:	Standard	Application Received:	08/01/2013

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 Neurology, has a subspecialty in Neuromuscular Medicine, and is licensed to practice in New Jersey. 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 patient is a 22-year-old man who sustained a work-related injury on February 4, 2012. Subsequently he developed low back and left shoulder pain. An operative report dated February 4, 2012 described open reduction, internal fixation of a left open shaft fracture. A left shoulder MRI dated August 18, 2012 described a type I acromion with moderate lateral down sloping and normal tendons. Attenuation and fraying of the posterior labrum was noted without a SLAP tear. A note dated December 29, 2013 revealed a positive Hawkins and equivocal O'Brien and labral provocative exam with negative apprehension and negative rotator cuff pain. Global rotator cuff weakness at 5-/5 was noted. Wrist extension was much improved. The report dated January 13, 2014 described continued left shoulder and back pain, made worse by exercise and movement and improved with medication and rest. Forward flexion was 90 degrees and abduction 85 degrees with a positive Neer's and Hawkins and a positive cross arm. Crepitus was noted with passive range of motion, with motion limited by pain. There was normal motor function in the left hand with range of motion of the left shoulder essentially unchanged. An MR arthrogram of the left shoulder, performed on March 4, 2014 was normal with no evidence of a labral tear. The patient's medication included: Oxycodone, Morphine, Vicodin, Lidoderm patch, Percocet, Lyrica, MS Contin, and Norco. A medical report dated March 29, 2014 described symptoms were unchanged. Positive Hawkins and Neer's tests were noted, and subacromial point tenderness was noted without any other change. An MRI of left shoulder was noted to demonstrate no labral tear. The patient was diagnosed with left shoulder arthroscopy with possible subacromial decompression. The patient had no relief with prior conservative management, including injections and therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone 5 mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 92.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 75-81.

Decision rationale: According to MTUS guidelines, Oxycodone is indicated for intermittent or breakthrough pain. It can be used in acute postoperative pain. It is not recommended for chronic pain or long-term use. In addition and according to MTUS guidelines, ongoing use of opioids should follow specific rules: (a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy; (b) The lowest possible dose should be prescribed to improve pain and function; (c) Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. Pain assessment should include current pain, the least reported pain over the period since last assessment, average pain, intensity of pain after taking the opioid, how long it takes for pain relief, and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. 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). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework. There is no clear report of pain severity and its impact on the patient's activity of daily living as well as its effect on the patient function with use of this medication. There is no documentation of the pain severity and justification for continuous use of OxyContin. There is no clear report on how often the patient took the medication, when he had last utilized supervised therapeutic interventions for his pain complaints, and documentation of compliance with a urine drug screen. Therefore, the request is not medically necessary.

Lyrica 100mg #60 with one refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 20.

Decision rationale: According to MTUS guidelines, Lyrica is an anti-epilepsy drug that has been shown to be effective for treatment of diabetic painful neuropathy and post-therapeutic neuralgia and has been considered as a first-line treatment for neuropathic pain. There is no clear documentation of neuropathic pain in this patient. In addition, there is no clear proven efficacy of Lyrica for shoulder, neck, back, and knee pain. There is no documentation of the pain severity

and justification for continuous use of Lyrica. There is no clear report on how often the patient took the medication, when he had last utilized supervised therapeutic interventions for his pain complaints. Therefore, the request is not medically necessary.