MAXIMUS Federal Services

Case Number:	CM13-0053726		
Date Assigned:	12/30/2013	Date of Injury:	07/07/2009
Decision Date:	04/30/2014	UR Denial Date:	11/01/2013
Priority:	Standard	Application Received:	11/18/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in California. 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 49-year-old male who was injured on 07/07/2009. He was standing on a ladder installing a metal duct overhead. He was pushing a metal duct into a ceiling space and developed pain in the right shoulder. Prior treatment history has included physical therapy, Ambien, hydrocodone, Lyrica, Opana, and Prozac. Industrial Recheck note dated 10/03/2013 indicated the patient returns with persistent right shoulder pain, 10/10 in severity on today's visit, which he describes sharp, shooting, and stabbing type of pain, which makes him feel sick. He clenches his teeth secondary to constant pain and also describes burning pain in the shoulder and bilateral hands. Current medications are helping for pain. He states the Fluoxetine helps for depression associated with pain. Objective findings on exam revealed spasms noted in the right shoulder region musculature bilaterally, which is worse on the right abduction and forward flexion about 100 degrees, which aggravates his pain. He prefers to keep his bilateral elbow and wrist in flexed position due to comfort and decreased pain in the shoulder. Otherwise, no gross change noted. The patient is diagnosed with 1) Shoulder sprain/strain; 2) Shoulder capsulitis; 3) Bicipital Tendonitis; 4) Chronic pain; 5) Wrist pain; and 6) Neck pain. He has clinically consistent right shoulder adhesive capsulitis.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRESCRIPTION OF OPANA ER 40MG, #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: Per MTUS chronic pain guidelines, the criteria of when to continue opioids are: (a) If the patient has returned to work, (b) If the patient has improved functioning and pain. The Opioid Dosing Calculator calculates the Morphine Equivalent Dose (MED) factor: Hydrocodone - 1, Oxymorphone - 3. The medical report dated 10/03/2013 indicated the patient describes persistent right shoulder pain, rated 10/10. Despite medication regimen that includes hydrocodone and Opana ER, the patient continues reports severe pain levels. The guidelines recommend continuing opioids if the patient has returned to work and if the patient has improved functioning and pain. However, the guidelines recommend discontinuation of opioids to discontinue opioids if there is no overall improvement in function. The medical records demonstrate this patient has not obtained improved pain levels and function with Opana ER. In addition, the patient's combined opioids dosages exceed 120 mg, the maximum Morphine Equivalent Dose (MED) set by the referenced CA MTUS guidelines. The medical records document the patient is to be weaned from opioids, and it is appropriate that tapering of the medications should continue to wean the patient from the opioids. The request for #60 Opana ER 40mg is not recommended or supported by the evidence-based guidelines.