

Case Number:	CM14-0015372		
Date Assigned:	02/28/2014	Date of Injury:	10/09/1995
Decision Date:	06/27/2014	UR Denial Date:	01/10/2014
Priority:	Standard	Application Received:	02/06/2014

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 Anesthesiology, has a subspecialty in Acupuncture & 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 claimant is a 62-year-old female injured worker with date of injury 10/9/95 with related neck, shoulder, and lower back pain. Per 1/30/14 progress report, the intensity of pain was described as moderate-severe. It was also associated with numbness, weakness, and loss of sensation into the arms and legs. She has previously undergone several surgical procedures, including cervical laminectomy, bilateral carpal tunnel surgery, right shoulder arthroscopy and right rotator cuff repair. MRI of the right shoulder dated 7/17/13 revealed prominent full-thickness rotator cuff tears, particularly involving the infra- and supraspinatus tendons, which appear to be probably completely ruptured from their humeral head attachments with retraction and fatty atrophic changes seen involving the muscles. Atrophic changes involving the anterior deltoid, which also demonstrates some inflammatory changes within. Mild to moderate osteoarthritic changes at the right glenohumeral joint. A degenerative tear involving the superior labrum appears to be present. Moderate to large sized effusion at the glenohumeral joint with extension into the subacromial/subdeltoid bursa region with mild synovitis seen. MRI of the cervical spine dated 12/10/97 revealed small to moderate-sized posterior central disc protrusion at C5-C6 and at C6-C7. She has been treated with chiropractic therapy, physical therapy, and medication management. The date of UR decision was 1/9/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRESCRIPTION OF OXYCODONE 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
Page(s): 74,88,92.

Decision rationale: Per MTUS Chronic Pain Medical Treatment Guidelines, oxycodone is indicated for the management of moderate to severe pain. With regard to long-term users of opioids, MTUS recommends re-assessment: (a) Has the diagnosis changed? (b) What other medications is the patient taking? Are they effective, producing side effects? (c) What treatments have been attempted since the use of opioids? Have they been effective? For how long? (d) Document pain and functional improvement and compare to baseline. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument. (e) Document adverse effects: constipation, nausea, vomiting, headache, dyspepsia, pruritus dizziness, fatigue, dry mouth, sweating, hyperalgesia, sexual dysfunction, and sedation. (f) Does the patient appear to need a psychological consultation? Issues to examine would include motivation, attitude about pain/work, return-to-work, social life including interpersonal and work-related relationships. (g) Is there indication for a screening instrument for abuse/addiction. See Substance Abuse Screening. With regard to strategies for maintenance, MTUS recommends: "(a) Do not attempt to lower the dose if it is working." Upon review of the submitted medical records, there is evidence that the injured worker continues to experience severe pain rated 10/10 that is reduced to 6/10 with the use of this. The medications prescribed keep her functional, allowing for increased mobility, and tolerance of ADL's and home exercises. Frequent urine toxicology screens are performed, and the most recent, dated 1/7/14 was consistent with prescribed medications. The provider also has been monitoring online CURES reports. The documentation also addresses side effects; the injured worker has no intolerable side effects associated with this medication. I respectfully disagree with the UR physician; as this medication reduces pain and allows for an increased level of function, it is medically necessary.

PRESCRIPTION OF OXYCODONE HCL 30MG, #150: Overturned

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): 74,88,92.

Decision rationale: Per MTUS Chronic Pain Medical Treatment Guidelines, oxycodone is indicated for the management of moderate to severe pain. With regard to long-term users of opioids, MTUS recommends re-assessment: (a) Has the diagnosis changed? (b) What other medications is the patient taking? Are they effective, producing side effects? (c) What treatments have been attempted since the use of opioids? Have they been effective? For how long? (d) Document pain and functional improvement and compare to baseline. Satisfactory response to

treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument. (e) Document adverse effects: constipation, nausea, vomiting, headache, dyspepsia, pruritus, dizziness, fatigue, dry mouth, sweating, hyperalgesia, sexual dysfunction, and sedation. (f) Does the patient appear to need a psychological consultation? Issues to examine would include motivation, attitude about pain/work, return-to-work, social life including interpersonal and work-related relationships. (g) Is there indication for a screening instrument for abuse/addiction. See Substance Abuse Screening. With regard to strategies for maintenance, MTUS recommends: "(a) Do not attempt to lower the dose if it is working." Upon review of the submitted medical records, there is evidence that the injured worker continues to experience severe pain rated 10/10 that is reduced to 6/10 with the use of this. The medications prescribed keep her functional, allowing for increased mobility, and tolerance of ADL's and home exercises. Frequent urine toxicology screens are performed, and the most recent, dated 1/7/14 was consistent with prescribed medications. The provider also has been monitoring online CURES reports. The documentation also addresses side effects; the injured worker has no intolerable side effects associated with this medication. I respectfully disagree with the UR physician; as this medication reduces pain and allows for an increased level of function, it is medically necessary.