

Case Number:	CM14-0017998		
Date Assigned:	04/16/2014	Date of Injury:	03/24/2004
Decision Date:	06/03/2014	UR Denial Date:	02/06/2014
Priority:	Standard	Application Received:	02/12/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Texas. 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 40 year old male, with date of injury reported on 03/24/2004. The mechanism of injury was reportedly due to the use of a jackhammer. The injured worker had left rotator cuff repair in 2005, right shoulder arthroscopy in 2006 and carpal tunnel release, the date was not provided in the clinical documents. The injured worker received trigger point injections left shoulder on 07/03/13 and 07/17/2013. An MRI was performed on 09/28/2013 revealing the previous rotator cuff repair. According to the evaluation of the MRI on 10/07/2013 there was a suspected full-thickness tear of the repaired rotator cuff. According to clinical documents provided from 07/2013- 12/02/2013 the injured worker complained of neck pain headaches, chronic low back pain, insomnia, depression, anxiety and nausea related to opioid use as well as erectile dysfunction. The injured workers diagnosis included left shoulder rotator cuff repair, chronic intractable neck pain secondary to cervical degenerative disk disease with cervical spondylitis, and radicular symptoms of right lower extremity. The injured workers medication regimen included zolpidem, Lyrica, oxycodone ER 80 mg, and oxycodone IR 30 mg. The request for authorization of compazine 10 mg, #60, Lyrica 150mg, #60, oxycodone ER 80mg, #180, and oxycodone IR 30mg, #150 was received on 2/12/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

COMPAZINE 10 MG, #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation DRUGS.COM.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), PAIN CHAPTER, ANTIEMETICS.

Decision rationale: The Official Disability Guidelines state that antiemetics are not recommended for nausea and vomiting secondary to chronic opioid use. Compazine has been prescribed because of the high doses of opioid use has caused nausea. However, all the opioids that were requested have been non-certified. Therefore, the request for COMPAZINE 10 MG, #60 is non-certified.

LYRICA 150MG, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 17.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ANTIEPILEPSY, Page(s): 16, 19.

Decision rationale: The request for Lyrica 150MG, #60 is non-certified. According to the CA MTUS guidelines Lyrica has been document to be effective in treatment of neuropathy pain. There is a lack of documentation of neuropathic pain. In addition, in the clinical information provided there is a lack of documentation regarding improvement in functional abilities. Therefore, the request for Lyrica 150MG, #60 is non-certified.

OXYCODONE ER 80MG, #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Use Page(s): 80-81.

Decision rationale: The request for oxycodone ER 80MG, #180 is non-certified. According to the CA MTUS guidelines for ongoing opioid use the lowest possible dose should be prescribed to improve pain and function. Furthermore, an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects should be documented. There is a lack of documentation of increase in functional abilities. There is documentation of anxiety, depression, nausea and erectile dysfunction related to opioid use. Furthermore the recommend dosing is not to exceed 120 mg oral morphine equivalents per day. The injured worker requests are for more than one opioid and the prescribed dose must be added together to determine the cumulative dose. The request is for the injured worker includes oxycodone ER 80 mg as well as oxycodone IR 30 mg. As both requests lack clear directions of prescribed dosage to be taken per day, the request for oxycodone ER 80MG, #180 is non-certified.

OXYCODONE IR 30MG, #150: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Use Page(s): 80-81.

Decision rationale: The request for oxycodone IR 30MG, #150 is non-certified. According to the CA MTUS guidelines for ongoing opioid use the lowest possible dose should be prescribed to improve pain and function. Furthermore, an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects should be documented. There is a lack of documentation of increase in functional abilities. There is documentation of anxiety, depression, nausea and erectile dysfunction related to opioid use. Furthermore the recommend dosing is not to exceed 120 mg oral morphine equivalents per day. The injured worker requests are for more than one opioid and the prescribed dose must be added together to determine the cumulative dose. The request is for the injured worker includes oxycodone ER 80 mg as well as oxycodone IR 30 mg. As both requests lack clear directions of prescribed dosage to be taken per day, the request for oxycodone IR 30MG, #150 is non-certified.