

Case Number:	CM14-0136877		
Date Assigned:	09/03/2014	Date of Injury:	01/28/2003
Decision Date:	10/02/2014	UR Denial Date:	08/15/2014
Priority:	Standard	Application Received:	08/25/2014

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 Internal Medicine, has a subspecialty in Pulmonary Diseases 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 injured worker is a 50 year old male who reported an injury on 01/28/2003. The mechanism of injury was not specified. His diagnoses included shoulder pain, elbow pain, extremity pain, left ulnar neuropathy, and bilateral carpal tunnel syndrome. It was noted he completed physical therapy and had a home exercise program. His most recent MRI of the left shoulder done on 04/04/2013 showed severe acromioclavicular joint osteoarthritis, and an MRI of the neck revealed a significant protrusion at C6-7 with foraminal stenosis. His electromyography from 02/23/2011 showed worsening of left ulnar nerve neuropathy, improvement of right carpal tunnel syndrome, and new left carpal tunnel syndrome. He had left shoulder surgery on 11/21/2013. His urine drug screen from 02/11/2014 was consistent with the medication he was prescribed. The 07/24/2014 note showed that the injured worker rated his pain with medications at 5/10 and without medications as 5/10. The Oxycontin was reportedly very helpful during physical therapy and he was able to continue the home exercise program on a daily basis with faster recovery. With the Oxycontin he reported his baseline pain was maintained at 5/10 and he used Percocet to bring down his baseline. It was reported that with Oxycontin, he was able to maintain use of Norco to 4 times daily and reported improved sleep with less frequent waking at night. He reported at 50% pain reduction with Norco, was able to get out of bed, and was able to complete activities of daily living independently. Objective findings included restricted range of motion of the shoulders, tenderness to palpation of the left lateral epicondyle, and a positive Tinel's sign on the left. It was noted that he had been on the same medication regimen for more than 6 months. His medications included Ibuprofen 600mg, Lyrica 200mg, Docusate Sodium 250mg, Robaxin as needed, Senokot 187mg, Norco 10/325 1 tablet 4 times daily as needed, and Oxycontin 10mg 1 tablet 3 times daily. The treatment plan was for Norco 10/325mg take 1 tablet 4 times per day as needed #120 and Oxycontin 10mg tablet take 1 tablet 3 times per day # 90. The rationale for

the request was Oxycontin helped him for long acting pain and Norco helped him with breakthrough pain. The request for authorization form was submitted on 08/11/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 10- 325 MG, TAKE 1 FOUR TIMES A DAY AS NEEDED # 120: Upheld

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): 78.

Decision rationale: Based on the clinical information submitted for review, the request for Norco 10/325mg take 1 four times a day as needed #120 is not medically necessary. As stated in the California MTUS Guidelines, opioids are seen as an effective method in controlling chronic pain and are often used for breakthrough pain. For continued use, there should be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The 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. The injured worker reported elbow and hand pain that was 5/10 with medications and without medications. His urine drug screen from 02/11/2014 showed consistency with his medications at the time. However, there was a lack of documentation showing a detailed pain assessment. The clinical note did include that he was able to get out of bed and complete his activities of daily living independently. At the 07/24/2014 visit, the injured worker reported his pain level was 5/10 with medications and 5/10 without medications; therefore, it does not appear the medication is beneficial to him and relieving his pain. As such, the request for Norco 10/325mg take 1 four times a day as needed #120 is not medically necessary.

OXYCONTIN 10 MG TABLET, TAKE 1 THREE TIMES A DAY # 90: Upheld

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): 78.

Decision rationale: Based on the clinical information submitted for review, the request for Oxycontin 10mg tablet take 1 three times a day # 90 is not medically necessary. As stated in the California MTUS Guidelines, opioids are seen as an effective method in controlling chronic pain and are often used for breakthrough pain. For continued use, there should be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The 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. The injured worker reported elbow and hand pain that was 5/10 with medications and without medications. His urine drug screen from 02/11/2014 showed consistency with his medications at the time. However, there was a lack of documentation showing a detailed pain assessment. There was, however, documentation stating that he was able to improve his sleep with the Oxycontin. At his last visit on 07/24/2014, the injured worker reported his pain level was 5/10 with medications and 5/10 without medications; therefore, it does not appear the medication is beneficial to him and relieving his pain. As such, the request for Oxycontin 10mg tablet take 1 three times a day # 90 is not medically necessary.