MAXIMUS Federal Services

Case Number:	CM14-0150211		
Date Assigned:	09/18/2014	Date of Injury:	05/03/1997
Decision Date:	10/17/2014	UR Denial Date:	08/19/2014
Priority:	Standard	Application Received:	09/15/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has noaffiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Internal Medicine, has a subspecialty in Nephrology 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 65-year-old male who has submitted a claim for pain in joint, shoulder region associated with an industrial injury date of May 3, 1997.Medical records from 2014 were reviewed, which showed that the patient complained of right shoulder pain and sleep problems. Examination showed that right shoulder movements were restricted. Hawkin's test, Neer's test and drop arm test were positive. There was tenderness noted in the biceps groove, glenohumeral joint and greater tubercle of humerus. Diagnostic studies were noted to include an unofficial MRI of the shoulder dated 6/17/2006 and an unofficial MRI in 2007 with evidence of supraspinatus tear. Treatment to date has included Oxycontin (since at least February 5, 2014) and Silenor (since at least January 8, 2014). The patient stated that without oxycontin, he is unable to function in the community or use his right arm at all. He had difficulty concentrating because of pain. There were attempts to taper oxycontin made in the past; the patient was on 8/day some years ago and had now been tapered to 5/day. The most recent urine drug screen dated 4/24/2013 noted the patient was positive for opioids and Oxycontin but negative for gabapentin. The urine drug screen on 7/21/2010 noted the patient was negative for all medications. With Silenor, the patient was able to sleep at least seven hours a night. Utilization review from August 19, 2014 denied the request for Oxycontin 20mg #135 and Silenor 3mg #30. The request for Oxycontin was denied because there was a significant lack of clinical evidence of evaluation of the patient's risk for aberrant drug use behaviors. The request for Silenor was denied because there was lack of clinical evidence in the documentation provided of evaluation of the patient's insomnia.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 20mg #135: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opiods, Ongoing Management Page(s): 78-81.

Decision rationale: As stated on pages 78-80 of CA MTUS Chronic Pain Medical Treatment Guidelines, there are no trials of long-term opioid use in neuropathic pain. Failure to respond to a time-limited course of opioids has led to the suggestion of reassessment and consideration of alternative therapy. 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 nonadherent) drug-related behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, the patient had been taking Oxycontin for pain since at least February 5, 2014. Records show that the patient derived pain reduction and improvement in function with this medication. There was documentation of a trial to use the lowest possible dose. Constipation was present but this was being controlled with Senna. However, 2 recent urine drug screens conducted showed inconsistent results with the medications being prescribed. The patient is at risk for drug aberrant behavior; there has been no management response concerning this issue. The medical necessity for continued use is not established because the guideline criteria are not met. Therefore, the request for Oxycontin 20mg #135 is not medically necessary.

Silenor 3mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation http://www.rxlist.com/silenor-drug/indications-dosage.htm

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain pages Page(s): 13-15.. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, Insomnia treatment.

Decision rationale: On pages 13-15 of CA MTUS Chronic Pain Medical Treatment Guidelines state that tricyclics are considered first-line agents for neuropathic pain, especially when accompanied by insomnia, anxiety, or depression. According to ODG, sedating antidepressants can also be used to treat insomnia, however, there is less evidence to support their use. Patient has been on this medication since at least January 2014. According to the records, patient derives benefit from this medication achieving at least 7 hours of sleep per night with the medication. However, the baseline sleep status is not defined in the records. It is not clear whether the patient still experiences insomnia. The lack of evidence of an ongoing insomnia plus the lack of

evidence to support the use of this medication in insomnia makes the request for Silenor 3mg #30 is not medically necessary.