

<b>Case Number:</b>	CM14-0153910		
<b>Date Assigned:</b>	09/23/2014	<b>Date of Injury:</b>	03/23/2006
<b>Decision Date:</b>	10/24/2014	<b>UR Denial Date:</b>	09/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/22/2014

### 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 & Rehabilitation, has a subspecialty in Pain Management, 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:

This is a patient with a date of injury of March 23, 2006. A utilization review determination dated September 3, 2014 recommends noncertification of OxyContin 80 mg. A progress report dated September 18, 2014 identifies subjective complaints of persistent right shoulder pain due to rotator cuff tear. Current medications include Percocet, Darvocet, Mobic, and Neurontin. Physical examination findings reveal full range of motion with pain above 90 of forward flexion and abduction. Additionally, there is weakness with resisted forward flexion and positive impingement test. No specific diagnosis is listed. The treatment plan indicates that the patient has failed conservative treatment and should undergo arthroscopic evaluation. A progress report dated August 28, 2014 identifies subjective complaints of right shoulder pain. The pain is rated as 5/10. Review of systems reveals no abdominal pain, difficulty swallowing, heartburn, nausea, vomiting, diarrhea, or constipation. Current medications include Celebrex, oxycodone, and OxyContin 100 mg every 6 hours. Physical examination findings are normal. No specific diagnosis is listed. The treatment plan states that the patient has no side effects from the current medications. The results of urine toxicology screening are pending. The note indicates that the patient has been "stable on current medication regimen and has been able to function at a higher level than if they were off of the current regimen. Without the current regimen the patient would not be able to continue with their current activity level." The note goes on to state that the medication allows them to continue working full-time, maintain self-care, and perform activities of daily living.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Oxycontin 80mg 1 q6hr x 1 month #120 with no refills: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines OxyContin; On-Going Management; Opioid.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 44, 47, 75-79, 120 of 127.

**Decision rationale:** Regarding the request for Oxycontin (oxycodone ER), California Pain Medical Treatment Guidelines state that Oxycontin is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, the requesting physician has identified that the medication improves the patient's pain and function, causes no side effects, and that there has been no aberrant use. Additionally, a urine toxicology screen has recently been performed. It is acknowledged, that there is minimal documentation of specific analgesic benefit from the OxyContin. However, since the patient is considering surgery, it can be presumed that the patient's pain is fairly high, and the requesting physician has documented significant functional improvement as a result of the medication. As such, it seems reasonable to continue the current medication for at least one more month (as is currently being requested), to allow the requesting physician time to document the analgesic efficacy of this medication, and to maintain the patient's current degree of pain control until surgical options are evaluated. As such, the currently requested OxyContin is medically necessary.