

Case Number:	CM14-0166348		
Date Assigned:	10/13/2014	Date of Injury:	02/09/2005
Decision Date:	11/17/2014	UR Denial Date:	09/09/2014
Priority:	Standard	Application Received:	10/09/2014

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 Occupational 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic shoulder pain and depression reportedly associated with an industrial injury of February 9, 2005. Thus far, the applicant has been treated with the following: Analgesic medications; opioid therapy; transfer of care to and from various providers in various specialties; earlier shoulder surgery; and unspecified amounts of physical therapy over the course of the claim. In a utilization review report dated September 9, 2014, the claims administrator partially approved a request for Opana and oxycodone, apparently for weaning purposes. The applicant's attorney subsequently appealed. In a December 2, 2007, Medical-Legal Evaluation, the applicant was declared permanent and stationary. It was acknowledged that the applicant had been off work for large portions of the claim. In a September 2, 2014, handwritten RFA form, the applicant was given prescriptions for Opana, oxycodone, Mobic, and Lexapro. In a progress note dated the same day, September 2, 2014, the applicant reported ongoing complaints of daily 8/10 shoulder pain. The applicant was using Opana and oxycodone. It was stated that the applicant was using oxycodone up to five to six times a day to decrease pain complaints on the grounds that Opana alone was providing insufficient analgesia. It was stated that the applicant's pain scores would drop to 3/10 with medications. Lexapro was reportedly diminishing the applicant's depressive symptoms. The note was handwritten and difficult to follow. It was suggested that the applicant was working as a caregiver for his father now. It was stated that the applicant was stable, working as a caregiver for his father, and could not function without his medications. In a May 28, 2014, progress note, the attending provider again stated that the applicant's pain scores would drop from 8/10 without medication to 3/10 pain with medications. It was again stated that the applicant's functionality was improved through ongoing opioid therapy and that earlier attempts to taper the applicant off of opioids had failed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Opana ER 40mg #60 with 3 refills: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When To Continue Opioids Topic Page(s): 80.

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, the applicant is apparently working as a caregiver for his elderly father. The applicant's pain scores are consistently described as having been diminished as a result of ongoing opioid usage. The attending provider has stated that ongoing usage of opioids has ameliorated the applicant's ability to care for his father and perform other household chores. Continuing the same, on balance, is indicated. Therefore, the request is medically necessary.

Oxycodone 30mg #180 with 3 refills: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When To Continue Opioids Topic Page(s): 80.

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, the attending provider has posited that ongoing usage of opioid therapy has diminished the applicant's pain complaints, ameliorated the applicant's ability to perform activities of daily living, and facilitated the applicant's returning to work as a caregiver for his elderly father. Continuing the same, on balance, is therefore indicated. Accordingly, the request is medically necessary.