

Case Number:	CM14-0179370		
Date Assigned:	11/03/2014	Date of Injury:	05/31/2006
Decision Date:	12/09/2014	UR Denial Date:	10/14/2014
Priority:	Standard	Application Received:	10/29/2014

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 and is licensed to practice in New York. 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 67 year old male electrician (previous [REDACTED] finance worker) with a date of injury of 05/31/2006. He was working on a six foot ladder installing a light fixture. Someone ran into the ladder and he fell hitting his head into a wall and lost consciousness. He was evaluated in the ER and had right shoulder pain. He was discharged home from the ER. The injury was listed to his neck, right shoulder, back and psyche. In 06/2007 he had right shoulder surgery. He returned to work 11/2007 and then was placed on medical leave in 07/2008 and had his second right shoulder surgery that month. He returned to work 10/2008 and was given restriction. He stopped working in 05/2009. On 06/202011 a right shoulder MRI revealed a complete tear of the infraspinatus tendon with a partial tear of the supraspinatus tendon and changes consistent with the previous surgery. On 01/03/2012 he had decreased range of motion of the right shoulder. There was no instability. On 03/19/2013 a FCE revealed that he had inconsistent behavior throughout the test and his demonstrated behavior during objective testing did not correlate with his observed behavior when distracted. There were inconsistencies. On 10/28/2013 it was noted that the injury caused depression. He continued to have right shoulder pain. On 03/19/2014 it was noted that he wears a sling full time. He had dense adhesive capsulitis of the right shoulder with compensatory bursitis in the left shoulder. On 05/28/2104 he was referred to a chiropractor for right shoulder pain. On 08/05/2014 a peer review certified a pain management consultation. On 10/01/2014 it was noted that he was taking OxyContin and Oxycodone and wanted to be weaned from opiates. He has right shoulder pain with good days and bad days. He wanted to go through a formal detox program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Referral to Neurologist/Pain Management Physician for Prescription Detox: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM for Independent Medical Examinations and Consultations regarding Referrals, Chapter 7

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 7 IMEs and Consultations.

Decision rationale: There has been no documentation of an attempt to gradually wean his dose of opiates. MTUS does not specifically address a referral for detox but it does state in ACOEM Chapter 7 consultations for services that cannot be provided by the primary care provider are appropriate. However, although the injured worker now requests a formal detox program there must first be documentation that gradual weaning by the provider was attempted and was not successful. This was not documented. The request for a Referral to Neurologist/Pain Management Physician for Prescription Detox is not medically necessary.

Oxycodone 12HR 10mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-79.

Decision rationale: Per Chronic Pain Medical Treatment Guidelines, 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. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. 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. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking 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. The documentation does not meet the above criteria. The request for Oxycodone 12HR 10mg #60 is not medically necessary.