

Case Number:	CM14-0025285		
Date Assigned:	06/11/2014	Date of Injury:	11/01/2001
Decision Date:	07/15/2014	UR Denial Date:	01/29/2014
Priority:	Standard	Application Received:	02/27/2014

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 Medicine and is licensed to practice in Texas. 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 65 year old male with a reported injury on 11/01/2001 of unknown mechanism. The injured worker had a progress note dated 01/28/2014 with complaints of left shoulder pain worsening and pain scale of 9/10. Low back pain with lower extremity symptoms 6/10. Also complained of thoracic pain increasing, pain scale was noted as 5/10. Physical examination showed tenderness of left shoulder anterior aspect and at the acromioclavicular joint. Left shoulder range of motion limited with pain with positive impingement signs. There was tenderness in the lumbar and thoracic spine with lower extremity neurologic evaluation unchanged. Diagnostic studies were mentioned in the document but not submitted. Physical therapy and MRI were also mentioned with no documents submitted for review. Left shoulder arthroscopy surgery in 2008 was mentioned in document but not submitted. Diagnoses for the injured worker were left shoulder chronic impingement with acromioclavicular osteoarthropathy, status post remote left shoulder arthroscopy 2008, low back pain with lower extremity symptoms and thoracic pain. Past treatments included physical therapy, medications, pain management and exercising. Progress note dated 11/27/2013 had diagnoses that did not match with the note dated 01/28/2014, also noted the medications did not match. The medications listed were oxycodone 15mg four daily, oxycontin 60mg one every 8 hours, metaprolol 50mg twice daily, deplin, flector patch every 12 pm, valium 5mg, Prozac, Norco, Soma and toporal. The last drug screen submitted was dated 10/08/2013. Progress note dated 01/28/2014 stated medications being taken were Tramadol ER 150mg 2 daily, hydrocodone 7.5/650mg one tablet 2-3 times daily for break through pain, naproxen sodium 550mg one tablet 3 times daily, pantoprazole 20mg one tablet 3 times a day. Progress note dated 01/29/2014 stated medications being taken were valium 5mg one am and 10mg at bedtime, Zoloft 100mg at bedtime. It was not noted how long the injured worker has been on opioids. The most recent drug submitted dated 10/08/2013 showed positive

for diazepam which was not documented in the report submitted for review. Current treatment plan was to continue with request for left arthroscopic surgery, submit request for MRI and continue to defer opioid narcotic analgesics to pain management.

IMR ISSUES, DECISIONS AND RATIONALES

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

OXYCONTIN 60 MG. #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, OPIOIDS Page(s): 76-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78, 85, 89, 124.

Decision rationale: The document submitted for review is lacking information such as reports from latest physical therapy, diagnostic studies (electromyography and nerve conduction studies, MRI). There is not a mention of mechanism of injury or how long the injured worker has been taking opioids. The most recent drug screen was dated 10/08/2013 which showed positive for diazepam. The document submitted for review did not note this medication. California Medical Treatment Utilization Schedule (MTUS) states ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include current pain, the least reported pain over the period since last assessment, average pain, and intensity pain after taking the opioid, how long it takes for pain relief, and how long pain relief lasts. The California Medical Treatment Utilization Schedule for prescription opiate abuse in chronic pain patients developed criteria to define prescription opiate abuse for long term chronic pain users. Red flags are overwhelming focus on opiate issues (persisting beyond the 3rd treatment session), a pattern of early refills or escalating drug use, evidence of supplemental resources such as multiple providers, emergency room visits or illegal sources. The injured worker reported 8-10 emergency room visits for the year 2013. Furthermore, the request does not include the frequency. If the injured worker was taking the proposed medication three times a day he would exceed the 120 MED recommendations per the guidelines. Oxycontin 60mg quantity of 90 is not medically necessary.

OXYCODONE 15 MG. #150: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, OPIOIDS Page(s): 76-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78, 85,89,124.

Decision rationale: The document submitted for review is lacking reports for physical therapy, electromyography, nerve conduction study and MRI. The document submitted also does not state how long the injured worker has been on opioids. The pain treatment agreement was not submitted. The last reported drug screen showed positive of diazepam which was not reported in

the document as being prescribed. The documentation of the injured worker's medications are not reported consistently. California Medical Treatment Utilization Schedule (MTUS) states gradual weaning is recommended for long-term opioid users because opioids cannot be abruptly discontinued without risk of withdrawal symptoms. Oxycodone 15mg #150 is not medically necessary.