

Case Number:	CM14-0068359		
Date Assigned:	07/14/2014	Date of Injury:	08/31/2010
Decision Date:	09/09/2014	UR Denial Date:	05/01/2014
Priority:	Standard	Application Received:	05/13/2014

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 and Rehabilitation, 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 33 year old male who was injured on 08/31/2010 when he hurt his left shoulder during a ball-out training exercise. Progress report dated 02/19/2014 states the patient presented for refill to oxycontin to manage his pain. He reported no signs of worsening symptoms. On exam, left trapezius, infraspinatus, supraspinatus, rhomboid, levator scapulae, splenis capitis/cervical and scalen muscle groups with twitch response was noted at the trigger point are as well as sharp on palpation. He has limited range of motion of the shoulder due to pain and tenderness to palpation. There is positive impingement with positive Neer's sign and Hawkin's test; positive apprehension test suggestive of anterior glenohumeral instability. The left shoulder revealed pain on palpation over the anterior and posterior aspect with lifting the upper arm above 90 degrees. Diagnoses are left shoulder bursitis, myofascial pain syndrome left neck/shoulder; and left shoulder internal derangement. The patient was recommended Butans 20 mcg/hr, Percocet 10/325, Flector patch 1.3%, Voltaren 1% and oxycontin 20 mg. Prior utilization review dated 05/12/2014 states the request for Oxycontin 20 mg. #90 has been modified to Oxycontin 20 mg #70 to initiate the weaning process.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 20 mg. #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : CRITERIA FOR USE OF OPIOIDS, Pages: 76-96 Page(s): 76-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Pain, Oxycodone.

Decision rationale: According to CA MTUS guidelines, Oxycontin is a long acting Opioid that is recommended for chronic pain management under certain criteria. The guidelines state the following for continuation of management with Opioids; "(c) Office: 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; 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". In this case, the injured worker has been taking Oxycontin on a chronic basis. However, the medical records do not address any pain and/or functional assessment related the medication. The medical records do not establish failure of non-opioid analgesics, such as NSAIDs or acetaminophen, which are known to be effective for treatment of moderate to severe pain and symptoms. In addition there is no mention of ongoing attempts with non-pharmacologic means of pain management. Additionally, the records do not show Urinary toxicology study to monitor the patient compliance. Therefore, the request is not medically necessary.