

Case Number:	CM14-0071389		
Date Assigned:	07/14/2014	Date of Injury:	07/15/2011
Decision Date:	08/13/2014	UR Denial Date:	04/28/2014
Priority:	Standard	Application Received:	05/16/2014

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 Anesthesiology, 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 28 year old male injured on 07/15/11 when struck in the chest by a tire thrown from machinery injuring his low back and chest wall. The injured worker was treated conservatively without improvement. The injured worker later reported injury to the right shoulder and ongoing lumbar back pain. The injured worker underwent arthroscopic glenoid debridement, subacromial bursectomy, arthroscopic rotator cuff interval, posterior capsular release, subacromial decompression, and excision of the coracoacromial ligament on 03/26/13. It was also noted the injured worker has undergone injection of the glenohumeral joint and multiple stellate ganglion blocks. The injured worker has required multiple visits to the emergency department since June of 2013 due to running out of medications. Appeal letter dated 04/25/14 indicates initial consultation on 12/20/13 revealed the injured worker utilizing approximately 180 mg of Oxycodone in a day. The injured worker utilizes Opana ER for around the clock pain relief for continued shoulder and low back pain in addition to Docusate Sodium for prophylaxis of constipation. The clinical note dated 04/24/14 indicates the injured worker reported Opana provided little to no relief of pain. The injured worker reported Tramadol is the only thing that seems to reduce the pain; however, felt it is losing its effect. The initial request for Docusate Sodium 100 mg #60 and Opana ER 10 mg #90 was initially non-certified on 04/17/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Docusate Sodium 100mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC pain procedure summary , opioid induced constipation treatment.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Opioid-induced constipation treatment.

Decision rationale: As noted on page 77 of the Chronic Pain Medical Treatment Guidelines, prophylactic constipation measures should be initiated when long-term opioid medications are to be utilized; however, there is no indication in the documentation that attempts were made and failed at first-line treatment options to include proper diet, activity modification and increased fluid intake. Additionally, there is indication that the injured worker cannot utilize the readily available over-the-counter formulation of the medication. Additionally, current guidelines do not recommend the use of medical foods or herbal medicines. As such, the request for Docusate Sodium 100 mg #60 cannot be recommended as medically necessary.

Opana ER 10mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioid use. Decision based on Non-MTUS Citation ODG-TWC pain procedure summary.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 77.

Decision rationale: As noted on page 77 of the Chronic Pain Medical Treatment Guidelines, patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is no clear documentation regarding the functional benefits or any substantial functional improvement obtained with the continued use of narcotic medications. There are no documented visual analogue scale (VAS) pain scores for this injured worker with or without medications. Additionally, the injured worker reports little to no relief as a result of Opana use. As the clinical documentation provided for review does not support an appropriate evaluation for the continued use of narcotics as well as establish the efficacy of narcotics, the medical necessity of Opana ER 10 mg #90 cannot be established at this time. As such, the request is not medically necessary.