

Case Number:	CM14-0087271		
Date Assigned:	07/18/2014	Date of Injury:	07/27/2004
Decision Date:	08/26/2014	UR Denial Date:	06/02/2014
Priority:	Standard	Application Received:	06/02/2014

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 Family Medicine, and is licensed to practice in New Jersey. 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 worker is a 64-year-old male who was injured on 7/27/04. He was diagnosed with right rotator cuff tendinosis, right shoulder impingement syndrome, and later chronic right shoulder joint pain and right shoulder internal derangement, and was treated with oral analgesics, including opioids, Toradol injections, surgeries (right shoulder x 3), and benzodiazepines. He later experienced some left shoulder pain related to overuse and was diagnosed with left shoulder impingement syndrome. He became dependent on opioids as his primary pain-lowering therapy strategy as no surgeon was willing to perform another surgery on his shoulder. On 5/22/14, the worker was seen by his treating physician complaining of his chronic right shoulder pain and with a request for refills on his medications. He was recommended to continue his medications, which included Norco and oxycodone.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #80: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 9,74,78-97.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines require that for opioid use, there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. In the case of this worker, who has been taking Norco and OxyContin for years, there is not sufficient evidence found in the documentation that the above review and assessment is being made in order to justify continuation of these two medications. Therefore, without this evidence, the Norco and OxyContin are not medically necessary.

Oxycontin 60mg #10: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 9,74,78-97.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines require that for opioid use, there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. In the case of this worker, who has been taking Norco and OxyContin for years, there is not sufficient evidence found in the documentation that the above review and assessment is being made in order to justify continuation of these two medications. Therefore, without this evidence, the Norco and OxyContin are not medically necessary.