

Case Number:	CM13-0045688		
Date Assigned:	12/27/2013	Date of Injury:	02/15/2012
Decision Date:	12/11/2015	UR Denial Date:	09/27/2013
Priority:	Standard	Application Received:	09/30/2013

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California, Texas, New Mexico
 Certification(s)/Specialty: Anesthesiology

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 52-year-old male with a date of injury of 2/15/12. Areas of injury include head, low back, right shoulder, thoracic spine and neck. Diagnostic studies include various MRI's which reveal diffuse degeneration L5-S1, right shoulder tendinosis, facet arthrosis and labral tear. Previous procedures include epidural steroid injection on 4/6/12 without benefit, right shoulder arthroscopy and right rotator cuff repair and distal clavicle resection in 5/2012 and revision of right rotator cuff repair on 2/27/2013. In a note from 10/30/2013 reports there is an approximate 20% improvement in pain and left lower extremity. Moderate low back pain is rated as a 4-5/10 with radiation down bilateral lower extremities. Pain medications prior to September 18, 2013 include Robaxin 500 mg 3 times a day and Percocet 10/325 mg four times a day for pain. On September 18, 2013 OxyContin 30 mg every 12 hours was added to help with pain control. Percocet was decreased to twice daily for breakthrough pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective OxyContin 30mg every 12 hrs, quantity 80, DOS 9/18/13: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 74-96.

Decision rationale: OxyContin is a long-acting controlled release formula of Oxycodone. According to this patient's medical record it was prescribed for twice daily on-going pain management. MTUS Guidelines recognize and recommend extended-release opioids for pain management. The request for OxyContin was partially certified by initial Utilization Review for a one month, twice a day regimen (#60). This is appropriate as patients who are prescribed controlled substances should be seen every two weeks while in the trial phase according to MTUS Guidelines. Additionally, according to the medical record this patient had a follow up appointment with the prescribing practitioner for two weeks after beginning OxyContin. An initial one month supply is appropriate. For on-going management with opioid medications MTUS recommendations include an assessment of current pain, least reported pain over a period since last assessment, average pain, intensity of pain after taking opioid, time to pain relief and duration of relief with opioid. There is no documented evidence of clear, specific opioid pain evaluation and assessment. According to MTUS Guidelines opioids should be continued if the patient has improved functioning and pain or has returned to work. Opioids should be discontinued if there is no overall improvement in function. The retrospective request for OxyContin 30 mg every 12 hours quantity of 80 is more than necessary to achieve the lowest possible dose as required by MTUS. For an every 12 hour one month (30 day) supply the quantity is 60. Therefore, the above listed issue is considered NOT medically necessary.