MAXIMUS Federal Services

Case Number:	CM14-0190891		
Date Assigned:	11/24/2014	Date of Injury:	05/01/2007
Decision Date:	01/09/2015	UR Denial Date:	11/04/2014
Priority:	Standard	Application Received:	11/17/2014

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, has a subspecialty in Pain Medicine 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 injured worker is a 54 year-old female with an original date of injury on 5/1/2007. The mechanism of injury was repetitive motion of right shoulder and wrist while she was working as a executive assistant. The industrially related diagnoses are chronic right shoulder pain, arm pain, depression and insomnia. The patient has been taking Suboxone, Oxycodone, and Zoloft. The patient is status post right shoulder arthroscopic SLAP repair on 5/2010. The patient has had physical therapy, steroid injection, and functional restoration program for the right shoulder pain. The patient later developed compensatory pain of the left shoulder and arm region. The disputed issues are the refills of Suboxone 2mg/0.5mg quantity of 90 tablets and Oxycodone 30mg quantity of 30 tablets. A utilization review dated 11/4/2014 has non-certified these requests. The stated rationale for denial for Suboxone was the documentation does not identify measureable analgesic benefit with the use of opioids and there is no documentation of functional / vocational benefit with ongoing use. Regarding the request for Oxycodone, the utilization review stated the documentation does not identify analgesic benefit and no functional / vocational improvement with the ongoing use of medication. In addition, there is no urine drug screen performed to monitor compliance and screen for aberrant behaviors, and no documentation of signed pain contract. Due to the nature of both of these medications, the utilization review goes on to state weaning of both medications is recommended in this case.

IMR ISSUES, DECISIONS AND RATIONALES

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

Suboxone 2mg/0.5mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 26 of 127.

Decision rationale: Regarding the request for Suboxone, Chronic Pain Medical Treatment Guidelines state that buprenoprhine is indicated for the treatment of addiction. It is also recommended as an option for chronic pain, especially after detoxification in patients who have a history of opiate addiction. On a progress note dating on 5/10/2014, it is stated since patient had the functional restoration program in 7/2013, she has not been able to stop narcotic medications completely, however, she was able to reduce them by 75% with the help of suboxone. The patient does have ongoing cognitive behavior therapy and HEP program to assist in managing her pain. However, there are no documentation of urine drug screen test to monitor for aberrant behavior and compliance with the use of Suboxone. Due to the lack of such documentation the request for Suboxone cannot be approved at this time. Partial opioid agonist-antagonists should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering.

Oxycodone 30mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Opioids

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 75-80.

Decision rationale: Regarding the request for Oxycontin (oxycodone ER), Chronic Pain Medical Treatment Guidelines state that Oxycontin is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, a progress note dating on 5/10/2014 indicate patient has functional improvement and in managing her pain with the use of oxycodone. However, there were no documentation regarding side effects, and no discussion regarding aberrant use. Therefore, this medication cannot be approved. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested oxycodone 30mg is not medically necessary.