

Case Number:	CM14-0192317		
Date Assigned:	12/02/2014	Date of Injury:	11/09/1997
Decision Date:	01/22/2015	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 Family Medicine and is licensed to practice in New York. 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 71 year-old male who was injured on 11/9/1997. He complains of chronic back and bilateral shoulder pain. On exam, he had tender lumbosacral area and sacroiliac joint, normal motor strength of his extremities, and decreased range of motion of the left shoulder due to pain and stiffness. He was diagnosed with chronic back pain, osteoarthritis/degenerative joint disease, chronic muscle spasms, chronic constipation. He had bilateral shoulder surgery. The patient has been on high doses of opioids since 9/2012. There is no documentation of objective evidence of improved pain and increase in functional capacity. A 11/2012 note states that without medication, the pain is so severe that he cannot get out of bed and can do some activities of daily living. A 12/2013 note stated that his pain is controlled and he is functional at home. The patient also continues with constipation which is a major side effect of opioid use. The current request is for continued use of OxyContin and Percocet.

IMR ISSUES, DECISIONS AND RATIONALES

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

OxyContin 80mg #60, between 8/5/2014 and 12/29/14: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-79.

Decision rationale: The request is considered not medically necessary. The patient has been on high doses of opioids since 9/2012. His total dose exceeds the recommended 120mg oral morphine equivalents per day as recommended by the MTUS guidelines. There is no documentation of objective evidence of improved pain and increase in functional capacity. A 11/2012 note states that without medication, the pain is so severe that he cannot get out of bed and can do some activities of daily living. A 12/2013 note stated that his pain is controlled and he is functional at home. However, there are no objective measures demonstrating decrease pain such as decrease in pain scores and what activities he is able to perform now. The patient also continues with constipation which is a major side effect of opioid use. Regular urine drug screens are necessary given his long-term use of opiates to determine if aberrant behavior is suspected. Continued use of opiates is not medically necessary. Therefore, this request is not medically necessary.

OxyContin 80mg #60, between 7/3/2014 and 12/29/14: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-79, 86.

Decision rationale: The request is considered not medically necessary. The patient has been on high doses of opioids since 9/2012. His total dose exceeds the recommended 120mg oral morphine equivalents per day as recommended by the MTUS guidelines. There is no documentation of objective evidence of improved pain and increase in functional capacity. A 11/2012 note states that without medication, the pain is so severe that he cannot get out of bed and can do some activities of daily living. A 12/2013 note stated that his pain is controlled and he is functional at home. However, there are no objective measures demonstrating decrease pain such as decrease in pain scores and what activities he is able to perform now. The patient also continues with constipation which is a major side effect of opioid use. Regular urine drug screens are necessary given his long-term use of opiates to determine if aberrant behavior is suspected. Continued use of opiates is not medically necessary. Therefore, this request is not medically necessary.

OxyContin 80mg #60, between 5/29/2014 and 12/29/14: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-79, 86.

Decision rationale: The request is considered not medically necessary. The patient has been on high doses of opioids since 9/2012. His total dose exceeds the recommended 120mg oral morphine equivalents per day as recommended by the MTUS guidelines. There is no

documentation of objective evidence of improved pain and increase in functional capacity. A 11/2012 note states that without medication, the pain is so severe that he cannot get out of bed and can do some activities of daily living. A 12/2013 note stated that his pain is controlled and he is functional at home. However, there are no objective measures demonstrating decrease pain such as decrease in pain scores and what activities he is able to perform now. The patient also continues with constipation which is a major side effect of opioid use. Regular urine drug screens are necessary given his long-term use of opiates to determine if aberrant behavior is suspected. Continued use of opiates is not medically necessary. Therefore, this request is not medically necessary.

OxyContin 80mg #60, between 4/15/2014 and 12/29/14: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-79, 86.

Decision rationale: The request is considered not medically necessary. The patient has been on high doses of opioids since 9/2012. His total dose exceeds the recommended 120mg oral morphine equivalents per day as recommended by the MTUS guidelines. There is no documentation of objective evidence of improved pain and increase in functional capacity. A 11/2012 note states that without medication, the pain is so severe that he cannot get out of bed and can do some activities of daily living. A 12/2013 note stated that his pain is controlled and he is functional at home. However, there are no objective measures demonstrating decrease pain such as decrease in pain scores and what activities he is able to perform now. The patient also continues with constipation which is a major side effect of opioid use. Regular urine drug screens are necessary given his long-term use of opiates to determine if aberrant behavior is suspected. Continued use of opiates is not medically necessary. Therefore, this request is not medically necessary.

OxyContin 80mg #60, between 3/11/2014 and 12/29/14: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-79, 86.

Decision rationale: The request is considered not medically necessary. The patient has been on high doses of opioids since 9/2012. His total dose exceeds the recommended 120mg oral morphine equivalents per day as recommended by the MTUS guidelines. There is no documentation of objective evidence of improved pain and increase in functional capacity. A 11/2012 note states that without medication, the pain is so severe that he cannot get out of bed and can do some activities of daily living. A 12/2013 note stated that his pain is controlled and he is functional at home. However, there are no objective measures demonstrating decrease pain

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Percocet 10/325mg #120, between 8/5/2014 and 12/29/14: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-79, 86.

Decision rationale: The request is considered not medically necessary. The patient has been on high doses of opioids since 9/2012. His total dose exceeds the recommended 120mg oral morphine equivalents per day as recommended by the MTUS guidelines. There is no documentation of objective evidence of improved pain and increase in functional capacity. A 11/2012 note states that without medication, the pain is so severe that he cannot get out of bed and can do some activities of daily living. A 12/2013 note stated that his pain is controlled and he is functional at home. However, there are no objective measures demonstrating decrease pain such as decrease in pain scores and what activities he is able to perform now. The patient also continues with constipation which is a major side effect of opioid use. Regular urine drug screens are necessary given his long-term use of opiates to determine if aberrant behavior is suspected. Continued use of opiates is not medically necessary. Therefore, this request is not medically necessary.

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-79, 86.

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Continued use of opiates is not medically necessary. Therefore, this request is not medically necessary.

Percocet 10/325mg #120, between 5/29/2014 and 12/29/14: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-79, 86.

Decision rationale: The request is considered not medically necessary. The patient has been on high doses of opioids since 9/2012. His total dose exceeds the recommended 120mg oral morphine equivalents per day as recommended by the MTUS guidelines. There is no documentation of objective evidence of improved pain and increase in functional capacity. A 11/2012 note states that without medication, the pain is so severe that he cannot get out of bed and can do some activities of daily living. A 12/2013 note stated that his pain is controlled and he is functional at home. However, there are no objective measures demonstrating decrease pain such as decrease in pain scores and what activities he is able to perform now. The patient also continues with constipation which is a major side effect of opioid use. Regular urine drug screens are necessary given his long-term use of opiates to determine if aberrant behavior is suspected. Continued use of opiates is not medically necessary. Therefore, this request is not medically necessary.

Percocet 10/325mg #120, between 4/15/2014 and 12/29/14: Upheld

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

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