

Case Number:	CM14-0198990		
Date Assigned:	12/09/2014	Date of Injury:	04/24/2000
Decision Date:	01/23/2015	UR Denial Date:	10/27/2014
Priority:	Standard	Application Received:	11/26/2014

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 Emergency 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:

Patient with reported date of injury on 4/24/2000. Mechanism of injury was not documented. Patient has a diagnosis of L shoulder rotator cuff post-surgery on 2/2/09, tension headache, migraine headache, cervical radiculopathy, myofascial pain syndrome of neck and shoulders, low back pain, bilateral sacroiliac enthesopathy, bilateral trochanteric bursitis, bilateral sub-acromial and sub-deltoid bursitis and depression. Patient is post L shoulder surgery in 2004, 2/2/09, 6/11, 10/12 and 11/13. Patient also has a history of lumbar L5-S1 fusion. Medical reports reviewed. Last report available until 10/15/14. Patient complains of L low back pain, L knee pain and bilateral hip pain. Pain is rated at 6/10. Pt notes increased pain due to exercise program. Pain reportedly improves with pain medications. Reportedly able to walk 4 blocks and sit in front of the computer for up to 2 hours. Objective exam reveals bilateral iliolumbar, trochanteric bursa tenderness. There is decreased R sacroiliac immobility. Current medications include Cymbalta, Ibuprofen, Soma, Xanax, Atarax, HCTZ, Amlodipine, KCL. Opioid pain medications include Oxycontin 40mg every 8 hours and Oxycodone 15mg 1-2 tablets every 8 hours. Patient is on Senna/Docusate for constipation. Last reported attempt at reducing opioid dosage was 8/14 but a review show several attempts to wean medication has been unsuccessful. There is a claimed decreased in 50% of function and inability of performing exercise program. Urine Drug Screen has been appropriate and there is no concern for abuse. Only side effect noted is constipation. Patient has had various hip and back injections noted. Independent Medical Review is for Oxycontin 40mg #90, Oxycodone 15mg #180 and Senna/Docusate #240. Prior UR on 10/27/14 recommended non-certification.

IMR ISSUES, DECISIONS AND RATIONALES

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

OxyContin 40mg #90: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-78.

Decision rationale: Oxycontin is extended release Oxycodone, an opioid. As per MTUS Chronic pain guidelines, documentation requires appropriate documentation of analgesia, activity of daily living, adverse events and aberrant behavior. Documentation meets the appropriate documentation of criteria. There is appropriate documentation of objective function in pain and function. There is appropriate documentation of monitoring of adverse events and aberrant behavior. Patient is currently taking more than recommended 120mg Morphine Equivalent Dose but this high dosage of opioids is being appropriately managed by a pain specialist. Multiple attempts to wean patient has failed. Patient has multiple chronic painful conditions with multiple surgeries that will not acutely improve. The number of tablets is appropriate for a 1month period with appropriate follow-up. Therefore, the request for Oxycontin prescription is medically necessary.

Oxycodone 15mg #180: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-78.

Decision rationale: Oxycodone is an opioid. As per MTUS Chronic pain guidelines, documentation requires appropriate documentation of analgesia, activity of daily living, adverse events and aberrant behavior. Documentation meets the appropriate documentation of criteria. There is appropriate documentation of objective function in pain and function. There is appropriate documentation of monitoring of adverse events and aberrant behavior. Patient is currently taking more than recommended 120mg Morphine Equivalent Dose but this high dosage of opioids is being appropriately managed by a pain specialist. Multiple attempts to wean patient has failed. Patient has multiple chronic painful conditions with multiple surgeries that will not acutely improve. The number of tablets is appropriate for a 1month period with appropriate follow-up. Oxycodone prescription is medically necessary.

Senna/Docusate #240: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 77.

Decision rationale: Senna/Docusate is a medication used for constipation. As per MTUS Chronic pain guidelines, patients on chronic opioid use should be placed on constipation prophylaxis. Senna/Docusate is medically necessary.