

Case Number:	CM14-0211945		
Date Assigned:	02/06/2015	Date of Injury:	07/18/2011
Decision Date:	04/01/2015	UR Denial Date:	12/03/2014
Priority:	Standard	Application Received:	12/17/2014

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. 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

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 50 year old male, who sustained an industrial injury on 7/18/2011. The diagnoses have included chronic left shoulder pain and left shoulder degenerative joint disease. Treatment to date has included shoulder injections and pain medications. According to the Primary Treating Physician's Progress Report dated 11/18/2014, the injured worker complained of left shoulder pain. He reported that medications helped him alleviate the pain, improve his activities of daily living and gave him pain control. Objective findings revealed no signs of sedation. There was tenderness of the anterior shoulder at the proximal location of the biceps tendon. Treatment plan was to continue medications. He was given refills for Norco and Oxycontin. On 12/3/2014, Utilization Review (UR) modified a request for Oxycontin 20mg #60 with three refills to Oxycontin 20mg #20 with no refills. UR modified a request for Norco 10.325mg #90 with three refills to Norco 10/325mg #60 with no refills. The Medical Treatment Utilization Schedule (MTUS) was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

OxyContin 20mg #60 with three refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80, 92, and 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-80.

Decision rationale: With regard to this request, the California Chronic Pain Medical Treatment Guidelines state the following about on-going management with opioids: "Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors. These domains have been summarized as the '4 A's' (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." Guidelines further recommend discontinuing opioids if there is no documentation of improvement in function and reduction in pain. In the case of this injured worker, there is no documentation of objective functional improvement through the use of opioids. The lowest possible dose should be use in the long term, and there is no evidence of any trial wean of narcotics to see if there is any change in functionality. Furthermore, Oxycontin is a schedule II medication. As such, it cannot be refilled to allow prescribers to more closely monitor this medication. Given this, the request with refills is not medically necessary.

Norco 10/325mg #90 with three refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80, 91, and 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-80.

Decision rationale: With regard to this request, the California Chronic Pain Medical Treatment Guidelines state the following about on-going management with opioids: "Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors. These domains have been summarized as the '4 A's' (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." Guidelines further recommend discontinuing opioids if there is no documentation of improvement in function and reduction in pain. In the case of this injured worker, there is no documentation of objective functional improvement through the use of opioids. The lowest possible dose should be use in the long term, and there is no evidence of any trial wean of narcotics to see if there is any change in functionality. Furthermore, Norco is a schedule II medication. It was reclassified from Schedule III to Schedule II in 2014. As such, it cannot be refilled to allow prescribers to more closely monitor this medication. Given this, the request with refills is not medically necessary.

