

<b>Case Number:</b>	CM15-0004298		
<b>Date Assigned:</b>	01/16/2015	<b>Date of Injury:</b>	05/16/2008
<b>Decision Date:</b>	03/17/2015	<b>UR Denial Date:</b>	12/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/08/2015

### 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, Hawaii  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 (IW) is a 65 year old male, who sustained an industrial injury on May 16, 2008. He has reported bilateral shoulder pain and was diagnosed with Thoracic pain, thoracic degenerative joint disease, cervical strain, cervical radiculopathy, shoulder pain and cervical pain. Treatment to date has included radiographic imaging, diagnostic studies, laboratory studies, physical therapy, pain medications, oral and topical, and multiple epidural steroid injections (ESI). Currently, the IW complains of continued bilateral shoulder pain. The IW was noted to have continued pain in the bilateral shoulders. Treatments had included pain medications, stool softeners and other treatment modalities. On March 19, 2014, the IW reported continued pain and requested another ESI. Good pain relief was noted with previous ESI. He was continued on pain medications. On May 21, 2014, pain was continued and rated at a 9/10 with pain medications and a 10/10 with no medications. The quality of sleep was noted as poor. It was noted the IW had functional benefit from the treatment plan and was noted to be continuing to submit random urinary drug screens. On December 21, 2014, no change in condition was noted. It was noted, He was not trying other types of therapies. Another ESI was requested. On December 24, 2014, Utilization Review non-certified a request for docusate sodium 250 mg #60 with 3 refills and modified the request for Oxycontin 60 mg #90 to Oxycontin 60 mg #90, noting the MTUS guidelines were cited. On January 6, 2015, the injured worker submitted an application for IMR for review of requested Oxycontin 60 mg #90 and docusate sodium 250 mg #60 with 3 refills.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **1 prescription of Oxycontin 60mg #90: Upheld**

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

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

**Decision rationale:** The patient continues to complain of right shoulder pain and poor sleep quality. The current request is for Oxycontin 60mg #90. The California MTUS states the criteria for continued use of Opioids include: "The lowest possible dose should be prescribed to improve pain and function. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period from last assessment, average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patients decreased pain, increased level of function, or improved quality of life." The 4A's for ongoing monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychological functioning, and occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. The 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." In this case, there is no documentation of decreased pain or increased function with this medication. Additionally, there is no discussion indicating any adverse side effects or aberrant drug behaviors. The MTUS requires much more thorough documentation for continued opioid usage. Recommendation is for denial and slow weaning per the MTUS.

### **1 prescription of Docusate Sodium 250mg #60 with 3 Refills: Overturned**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioid-induced constipation treatment Page(s): 77.

**Decision rationale:** The patient continues to complain of right shoulder pain and poor sleep quality. The current request is for Docusate Sodium 250 mg #60 with 3 refills. There is no documentation of any constipation. The MTUS Guidelines state that for constipation due to opioid use, "Prophylactic treatment of constipation should be initiated." The records reviewed show that the patient has been prescribed OxyContin. The patient has been stable on opioids with Docusate Sodium without documentation of constipation. MTUS states prophylactic treatment of constipation is recommended. As such recommendation is for authorization.

