

Case Number:	CM15-0100892		
Date Assigned:	06/03/2015	Date of Injury:	12/07/2000
Decision Date:	07/03/2015	UR Denial Date:	05/11/2015
Priority:	Standard	Application Received:	05/26/2015

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

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 75-year-old male who sustained an industrial injury on 12/7/00 from a trip and fall resulting in a full thickness tear of the right rotator cuff and had surgery 2/2001 and 12/3/01. He is currently experiencing more pain in the low back areas as he is being weaned from opioids; intermittent left arm pain with radiation to the left shoulder with associated weakness and numbness. Medications are benzonatate, bisprolol, bupropion, clonazepam, duloxetine, famotidine, naproxen, ondansetron, oxycodone-acetaminophen, OxyContin, sertraline. He has a 20 to 30% reduction in pain when using opioids. Diagnoses include disorder of shoulder, status post bilateral arthroscopy X2; closed fractured of shaft of left humerus, status post left open reduction internal fixation; lesion of radial nerve; degeneration of lumbar intervertebral disc, status post lumbar spine surgery X4 fusion T10-S1. In the progress note dated 4/17/15, the treating provider's plan of care included OxyContin ER 10 mg # 90 crush resistant.

IMR ISSUES, DECISIONS AND RATIONALES

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

Crush resistant Oxycontin Er 10 mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Medication 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, there were utilization reviews dating back to 4/2/2014, which recommended weaning of oxycontin ER, however, it does not appear this has been completed. After 1 year of weaning, there is no clear indication for ongoing use of the medication. In light of the above issues, the currently requested Oxycontin (oxycodone ER) is not medically necessary.