

Case Number:	CM15-0102876		
Date Assigned:	06/05/2015	Date of Injury:	07/03/2008
Decision Date:	07/10/2015	UR Denial Date:	05/04/2015
Priority:	Standard	Application Received:	05/28/2015

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: New Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 70 year old male sustained an industrial injury on 7/3/08. He subsequently reported shoulder pain. Diagnoses include right shoulder pain. Treatments to date include x-ray and MRI testing and prescription pain medications. The injured worker continues to experience right shoulder and right elbow pain. Upon examination, there was tenderness over the AC joint, pain with cross-body adduction and reduced range of motion was noted. Neck stiffness was noted in all directions. Elbow exam reveals a prominent tip of the olecranon and weakness of the triceps. A request for Percocet and Oxycontin medications was made by the treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325 mg #90: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation EBN reference, Goodman and Gilman's The Pharmacological Basis of Therapeutics, Physician's desk reference, [www.rxlist.com] www.rxlist.com, ODG Workers compensation drug formulary, [www.odg-twc/formulary.htm] www.odg-twc/formulary.htm, Epocrates online www. online.epocrates.com, monthly prescribing reference, [www.empr.com-opioid] www.empr.com-opioid dose calculator-

Agency medical directors group dose calculator [www.agencymeddirectors.wa.gov]
www.agencymeddirectors.wa.gov.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 76-79.

Decision rationale: According to MTUS guidelines, ongoing use of opioids should follow specific rules: "(a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy. (b) The lowest possible dose should be prescribed to improve pain and function. (c) Office: 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 since 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 patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A'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 psychosocial functioning, and the occurrence of any potentially aberrant (or non adherent) 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." The patient have been using opioids for long time without recent documentation of full control of pain and without any documentation of functional or quality of life improvement. There is no clear documentation of patient improvement in level of function, quality of life, adequate follow up for absence of side effects and aberrant behavior with a previous use of narcotics. Therefore, the prescription of Percocet 10/325mg #90 is not medically necessary.

Oxycontin 10 mg #28: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation EBN reference, Goodman and Gilman's The Pharmacological Basis of Therapeutics, Physician's desk reference, [www.rxlist.com]
www.rxlist.com, ODG Workers compensation drug formulary, [www.odg-twc/formulary.htm]
www.odg-twc/formulary.htm, Epocrates online www.online.epocrates.com, monthly prescribing reference, [www.empr.com-opioid]www.empr.com-opioid dose calculator-Agency medical directors group dose calculator [www.agencymeddirectors.wa.gov]
www.agencymeddirectors.wa.gov.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 76-79.

Decision rationale: Oxycontin is a long acting potent form of opiate analgesic. According to MTUS guidelines, ongoing use of opioids should follow specific rules: "(a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy. (b) The lowest possible dose should be prescribed to improve pain and function. (c) Office: Ongoing review and

documentation of pain relief, functional status, appropriate medication use, and side effects. 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 non adherent) 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." In this case, there is no documentation of functional and pain improvement with previous use of Oxycontin. There is no documentation of continuous compliance of patient with his medications. Therefore, the prescription of OxyContin 10mg #28 is not medically necessary.