

Case Number:	CM15-0107544		
Date Assigned:	06/12/2015	Date of Injury:	08/18/1992
Decision Date:	07/16/2015	UR Denial Date:	05/19/2015
Priority:	Standard	Application Received:	06/04/2015

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, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative 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:

The injured worker is a 53 year old female, who sustained an industrial injury on 8/18/92. She has reported initial complaints of right upper extremity injury. The diagnoses have included Reflex sympathetic dystrophy syndrome of the right upper limb, chronic pain syndrome, shoulder joint pain, peripheral neuropathy, parathesias, back pain and depression. Treatment to date has included medications, activity modifications, off work, physical therapy, other modalities and home exercise program (HEP). Currently, as per the physician progress note dated 5/4/15, the injured worker complains of right shoulder and right upper extremity pain, left leg and back discomfort. It is noted that the pain is worse than the last visit. She states that she has more weakness with the left lower extremity (LLE) with falls. She continues with internal stimulator and medications for pain and states the pain is rated 8/10 on pain scale on average. She also reports difficulty with sleeping. She reports fatigue, depression and mood swings. She also reports joint pain and swelling, muscle pain, weakness, cramps, back pain, spasm, neck pain, shoulder pain, muscle weakness, incoordination, tingling, and numbness. The physical exam reveals that the right upper extremity has severe tenderness, allodynia, and range of motion cannot be tested due to pain. The shoulder has diffuse tenderness, pain and weakness with positive apprehension test. The left upper extremity has decreased range of motion, pain at end range of all movement and pain at the acromioclavicular joint. The Neer and Hawkins tests were positive. The current medications included Kadian, Concerta and Oxycodone. There is no previous diagnostics, urine drug screen reports or therapy sessions noted in the records. The physician requested treatments included Kadian 80 mg #90 and Oxycodone 15 mg #150.

IMR ISSUES, DECISIONS AND RATIONALES

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

Kadian 80 mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 44, 47, 75-79, 120 of 127.

Decision rationale: Regarding the request for Kadian (Morphine Sulfate ER), California Pain Medical Treatment Guidelines state that Kadian 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 is no indication that the medication is improving the patient's function (in terms of specific examples of objective functional improvement), no documentation regarding side effects, and no discussion regarding aberrant use. As such, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested Kadian (Morphine Sulfate ER) is not medically necessary.

Oxycodone 15 mg #150: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 44, 47, 75-79, 120 of 127.

Decision rationale: Regarding the request for Oxycodone, California Pain Medical Treatment Guidelines state that Oxycodone 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 is no indication that the medication is improving the patient's function (in terms of specific examples of objective functional improvement), no documentation regarding side effects, and no discussion regarding aberrant use. As such, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested Oxycodone is not medically necessary.

