

Case Number:	CM15-0108327		
Date Assigned:	06/15/2015	Date of Injury:	04/27/2000
Decision Date:	07/15/2015	UR Denial Date:	05/08/2015
Priority:	Standard	Application Received:	06/05/2015

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 51-year-old female who sustained an industrial injury on 04/27/2000. Treatment provided to date has included: cervical fusion surgery (2002), left shoulder surgery (07/08/2013), physical therapy, injections, medications, psychiatric treatments, and conservative therapies/care. There were no noted comorbidities or other dates of injury noted. On 04/30/2015, physician progress report noted complaints of continued chronic neck pain with radiation into the bilateral upper extremities. The pain was rated 5/10(0-10) in severity with a pain rating of 10/10 in breakthrough pain prior to the use of Dilaudid which decreases her pain to 5/10. Current medications include OxyContin 60 mg 3 times per day for long lasting pain relief, Dilaudid 2mg every 6 hours for breakthrough pain, Lyrica 150mg 3 times daily for neuropathic pain, and Flexeril for abdominal pain which the injured worker reported taking a few times per week. The injured workers last urine drug screening was reportedly positive for OxyContin, Dilaudid and Lyrica, and Prozac (prescribed by a psychiatrist) as well as Flexeril which is prescribed her primary treating physician. Alcohol was also detected and the injured worker admitted to 1-2 beers per week. The physical exam stated that the injured worker did not appear to be over medicated, and revealed limited range of motion in the cervical spine, moderate cervical paraspinal and upper trapezius muscle tenderness, diminished sensation to pinprick in all fingers of both hands, and tenderness over the patella. The provider noted diagnoses of chronic neck pain status post cervical fusion, bilateral shoulder pain, left shoulder partial thickness rotator cuff tear status post arthroscopic surgery, right shoulder internal derangement, and depression and anxiety associated with chronic pain. Plan of care includes refill of current medications (with the exception of Flexeril), continue psychiatric treatments, and follow-ups. The injured worker's work status was not mentioned. The request for authorization and IMR (independent medical review) includes: OxyContin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 60mg #90, 1 tablet 3 times daily: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Oxycodone Page(s): 92.

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 OxyContin, California Pain Medical Treatment Guidelines state that this 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 this long-acting opioid medication is improving the patient's function or pain (in terms of specific examples of functional improvement and percent reduction in pain or reduced NRS) as it is noted that the short-acting opioid brings the patient's pain down from 10/10. Furthermore, there is no discussion regarding appropriate medication usage/aberrant behaviors. 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 OxyContin is not medically necessary