

Case Number:	CM15-0108651		
Date Assigned:	06/15/2015	Date of Injury:	03/24/2004
Decision Date:	07/14/2015	UR Denial Date:	05/20/2015
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: Maryland

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

The injured worker is a 41-year-old male who sustained a work related injury March 24, 2004. Past history included s/p bilateral carpal tunnel release, s/p left shoulder arthroscopic rotator cuff repair, s/p right shoulder diagnostic arthroscopy. In a supplemental report from an orthopedic surgeon, dated June 20, 2012, the physician expressed concern over the high doses of narcotics the injured worker was receiving for chronic pain. Further documentation noted that at discharge from a functional restoration program, he was taking Motrin and approximately 180mg of oxycodone/day. A suggestion was made to have a second opinion at another facility for the concerns of opioid use. According to a primary treating physical medicine and rehabilitation physician's progress report, dated May 12, 2015, the injured worker presented as a follow-up visit for chronic low back pain that radiates down the right leg. He reports numbness and tingling in the left hand, which has improved since a Marcaine injection last month. He performs therapeutic exercises and pays for a chiropractor to help with right lower extremity pain. Objective findings included tenderness on palpation to the left anterior shoulder and bicipital tendon, range of motion within functional limits. Cervical and lumbar ranges of motion are decreased but within functional limits and a positive straight leg raise. Diagnoses are chronic intractable neck pain secondary to degenerative disc disease with cervical spondylosis; cervicogenic headaches; chronic low back pain with radicular symptoms, right lower extremity; depression/anxiety; intermittent nausea secondary to opiate use; chronic pain syndrome. Treatment plan included to continue with Cymbalta and Lyrica (authorized) and at issue, a

request for authorization for Oxy IR 30mg (1) one tablet five times a day #150 and Oxycontin 80mg (2) two tablets three times a day #180.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 80mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 75-92.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing management and Opioids, dosing Page(s): 78-80 and 86.

Decision rationale: Oxycontin 80mg #180 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS recommends that opioid dosing not exceed 120 mg oral morphine equivalents per day, and for patients taking more than one opioid, the morphine equivalent doses of the different opioids must be added together to determine the cumulative dose. The MTUS Chronic Pain Medical Treatment Guidelines state that a 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. The MTUS does not support exceeding the 120mg oral morphine equivalents per day. There have been multiple prior recommendations for weaning of this patient's long term high dose opioids. The request for continuing Oxycontin is not medically necessary.

Oxy IR 30mg #150: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 75-92.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing management and Opioids, dosing Page(s): 78-80 and 86.

Decision rationale: Oxy IR 30mg #150 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS recommends that opioid dosing not exceed 120 mg oral morphine equivalents per day, and for patients taking more than one opioid, the morphine equivalent doses of the different opioids must be added together to determine the cumulative dose. The MTUS Chronic Pain Medical Treatment Guidelines state that a 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. The MTUS does not support exceeding the 120mg oral morphine equivalents per day. There have been multiple prior recommendations for weaning of this patient's long term high dose opioids. The request for continuing Oxy IR is not medically necessary.