

Case Number:	CM15-0138087		
Date Assigned:	07/28/2015	Date of Injury:	06/24/2007
Decision Date:	09/02/2015	UR Denial Date:	06/30/2015
Priority:	Standard	Application Received:	07/16/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, 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:

This 42 year old male sustained an industrial injury to the right upper extremity and shoulder on 6/24/07. Magnetic resonance imaging right shoulder (11/16/14) showed a small partial tear of the supraspinatus tendon with tendinosis, degenerative changes and osteoarthritis. In a PR-2 dated 9/30/14, the injured worker complained of pain to the right hand, wrist, elbow, arm, forearm and shoulder associated with right hand numbness. The injured worker couldn't bend the right thumb, couldn't grip and had problems with right shoulder raising. The injured worker was prescribed Oxycodone and MS Contin. In a PR-2 dated 6/19/15, the injured worker complained of right shoulder pain rated 6/10 on the visual analog scale. Over the last month the injured worker's pain ranged from 3-8/10. The injured worker reported that he could do very little without pain medications. Physical exam was remarkable for right shoulder with tenderness to palpation. The physician noted that the injured worker was scheduled to see a surgeon on Monday. Current diagnoses included right upper extremity pain, right wrist pain, right shoulder pain, right elbow pain and left knee pain. The treatment plan included refilling monthly medications (Oxycodone and MS Contin).

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Oxycodone 15mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78, 92.

Decision rationale: Per MTUS Chronic Pain Medical Treatment Guidelines p78 regarding ongoing management of opioids "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 any aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." Review of the available medical records reveals no documentation to support the medical necessity of oxycodone nor any documentation addressing the '4 A's' domains, which is a recommended practice for the on-going management of opioids. Specifically, the notes do not appropriately review and document pain relief, functional status improvement, appropriate medication use, or side effects. The MTUS considers this list of criteria for initiation and continuation of opioids in the context of efficacy required to substantiate medical necessity, and they do not appear to have been addressed by the treating physician in the documentation available for review. Efforts to rule out aberrant behavior (e.g. CURES report, UDS, opiate agreement) are necessary to assure safe usage and establish medical necessity. UDS dated 1/02/15 was positive for oxycodone, and negative for morphine which was prescribed. Per the medical records, pain management agreement was signed and CURES report was appropriate 12/2014. As MTUS recommends to discontinue opioids if there is no overall improvement in function, medical necessity cannot be affirmed. It should be noted that the UR physician has certified a modification of the request for the purpose of weaning.