

Case Number:	CM15-0140134		
Date Assigned:	07/29/2015	Date of Injury:	11/24/2000
Decision Date:	08/28/2015	UR Denial Date:	07/02/2015
Priority:	Standard	Application Received:	07/20/2015

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: Preventive Medicine, Occupational 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 63 year old male patient who sustained an industrial injury on November 24, 2000. Diagnoses included bilateral shoulder injury status post left acromioplasty, cervical pain and migraines, and low back pain with sciatica. Treatment to date included surgery, cortisone injection, physical therapy, home exercise program and medications. He works a modified work duty. A pain medicine specialist's note dated June 9, 2015 reported continued pain in shoulders and spine. The medications help with the pain and he tolerates them without side effects. On exam he had stiff postural guarding with difficulty getting up and down from sitting. Left shoulder had increased range of motion. On June 16, 2015 the patient called the pain specialist asking for better pain medication to use after upcoming right shoulder surgery. The surgeon had ordered a different pain medication for his prior shoulder surgery and the patient didn't like it. The patient regularly takes OxyContin 40 mg twice per day. For the upcoming surgery the pain specialist ordered one extra tablet per day of OxyContin 40 mg (#30) to cover the patient for the post-op period. Urine drug screen in April 2015 was positive for opioids (prescribed) and benzodiazepines (not prescribed). This was not addressed in the pain specialists notes.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 40mg #30: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-9, Chronic Pain Treatment Guidelines Medications for chronic pain; Opioids Page(s): 60-1, 74-96.

Decision rationale: Oxycodone (OxyContin) is a semisynthetic opioid indicated for treatment of moderate to severe pain available in immediate release (Oxycodone IR) and controlled release forms. According to the MTUS, opioid therapy for control of chronic pain, while not considered first line therapy, is considered a viable alternative when other modalities have been tried and failed. When being used to treat neuropathic pain it is considered a second-line treatment (first-line medications are antidepressants and anticonvulsants), however, there are no long-term studies to suggest chronic use of opioids for neuropathic pain. It is known that long-term use of opioids is associated with hyperalgesia and tolerance. Success of this therapy is noted when there is significant improvement in pain or function. It is important to note, however, the maximum daily dose of opioids, calculated as morphine equivalent dosing from use of all opioid medications, is 120 mg per day. The major risks of opioid therapy are the development of addiction, overdose and death. The pain guidelines in the MTUS directly address opioid use by presenting a number of recommendations required for providers to document safe use of these medications. The patient has been using the same opioid for over 6 months. The patient's present dose has a total morphine equivalent dose (MED) of 120 mg per day. There is no documentation in the records reviewed of a drug contract with the patient for single provider prescribing opioid medications or that first-line medications for pain had been used. A recent drug screen was of concern since it showed patient use of a non-prescribed medication (benzodiazepine) and which was not addressed in any of the subsequent notes by the ordering physician. Safe use of chronic opioid therapy is, therefore, in question. However, the present request is for additional opioid medication to cover increased pain from upcoming shoulder surgery. This is acute pain, not chronic pain. The provider does note that after this post-surgical period he plans to wean the patient to a lower opioid dose. This is in keeping with current medical practice standards. Medical necessity for one time prescription of 30 tablets of OxyContin 40 mg has been established.