

Case Number:	CM15-0141716		
Date Assigned:	07/31/2015	Date of Injury:	11/18/2014
Decision Date:	08/31/2015	UR Denial Date:	06/18/2015
Priority:	Standard	Application Received:	07/21/2015

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:

This is a 61-year-old male with a November 18, 2014 date of injury. A progress note dated April 24, 2015 documents subjective complaints (constant pain in the bilateral shoulders rated at a level of 5 to 7 out of 10; shooting pain down the arms; grinding and catching of the left shoulder; looseness in the right shoulder area; constant pain in the right hip rated at a level of 4 to 7 out of 10; soreness, tightness, weakness and sharp pain radiating to the left side intermittently), objective findings (pain with palpation of the impingement area of the bilateral shoulders; decreased range of motion of the shoulders; decreased strength of the bilateral shoulders; tenderness over the flexor tendon of the right hip; pain with flexion, internal and external rotation of the right hip), and current diagnoses (history of right shoulder arthroscopy in 2007 with full recovery; right shoulder impingement with degenerative changes; left shoulder subscapular tear and supraspinatus tear unresolved with twenty four sessions of physical therapy and anti-inflammatory; complaints of right hip pain and likely flexor tendonitis). Treatments to date have included imaging studies, medications, physical therapy for the left shoulder, massage, electrical stimulation, and home exercise. The treating physician documented a plan of care that included Oxycontin following surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 20mg Qty: 20: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-48.

Decision rationale: Regarding the request for Oxycontin 20mg Qty: 20, California MTUS cites that opioids should be used only if needed for severe pain and only for a short time. While long-term use of opioids is supported only in the presence of ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Within the documentation available for review, it appears the Oxycontin is being requested for short-term use following shoulder surgery. The patient has also been prescribed a very small amount of PRN dosed Percocet in case the Oxycontin is insufficient to address the patient's postoperative pain. A short course of opiates is appropriate in the management of postoperative pain. As such, the currently requested Oxycontin 20mg Qty: 20 are medically necessary.