

Case Number:	CM15-0142284		
Date Assigned:	08/03/2015	Date of Injury:	08/05/2007
Decision Date:	09/18/2015	UR Denial Date:	07/16/2015
Priority:	Standard	Application Received:	07/22/2015

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: Texas, Florida, 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 53 year old male, who sustained an industrial injury on 08-05-2007. The injured worker is currently medically retired. The injured worker is currently diagnosed as having chronic pain syndrome, rotator cuff injury, and history of pulmonary embolism, history of deep vein thrombosis, hypertension, low testosterone, and intervertebral disc disorder. Treatment and diagnostics to date has included history of right shoulder surgery, history of right knee surgery, physical therapy, and medications. In a progress note dated 06-17-2015, the injured worker presented for annual examination and physical examination with a history of chronic back pain. Objective findings included positive empty can test, positive Neers test, and positive Hawkins-Kennedy test to right shoulder. The physician noted that a right shoulder MRI dated 09-21-2007 showed supraspinatus 50 percent partial thickness tear, biceps tendinopathy, and labrum tear. The treating physician reported requesting authorization for OxyContin ER.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin ER 80mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Page(s): 79, 80 and 88 of 127.

Decision rationale: This claimant was injured in 2007. On an annual examination, there is noted to be a history of chronic low back pain. OxyContin ER was requested. The current California web-based MTUS collection was reviewed in addressing this request. They note in the Chronic Pain section: When to Discontinue Opioids: Weaning should occur under direct ongoing medical supervision as a slow taper except for the below mentioned possible indications for immediate discontinuation. They should be discontinued: (a) If there is no overall improvement in function, unless there are extenuating circumstances. When to Continue Opioids: (a) If the patient has returned to work; (b) If the patient has improved functioning and pain. In the clinical records provided, it is not clearly evident these key criteria have been met in this case. Moreover, in regards to the long term use of opiates, the MTUS also poses several analytical necessity questions such as: has the diagnosis changed, what other medications is the patient taking, are they effective, producing side effects, what treatments have been attempted since the use of opioids, and what is the documentation of pain and functional improvement and compare to baseline. These are important issues, and they have not been addressed in this case. As shared earlier, there especially is no documentation of functional improvement with the regimen. The request for the opiate usage is not medically necessary per MTUS guideline review.