

Case Number:	CM15-0169960		
Date Assigned:	09/10/2015	Date of Injury:	03/02/1999
Decision Date:	10/15/2015	UR Denial Date:	08/12/2015
Priority:	Standard	Application Received:	08/28/2015

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, California
 Certification(s)/Specialty: Family Practice

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 74 year old male, who sustained an industrial injury on March 2, 1999. The diagnoses have included cervical degenerative disc disease, cervical radiculopathy, chronic cervicalgia, left carpal tunnel syndrome, chronic neuropathic pain in the left upper extremity, adhesive capsulitis of the shoulder, osteoarthritis of the shoulder, bilateral shoulder impingement syndrome, right biceps tendon ruptures, bilateral mild ulnar neuropathies, osteoarthritis of the right distal radioulnar joint, pain-related insomnia and pain-related depression. The injured worker was not working due to significant difficulties with both wrists. Current documentation dated August 3, 2015 notes that the injured worker reported a burning discomfort to the ulnar region of the right hand and an aching discomfort to the distal radioulnar joint. A sharp pain was noted with movement. Physical examination revealed distal joint pain. Compression with rotation and a piano key test were painful. The ulnar nerve was not particularly painful at the elbow. The injured worker had an injection into the right distal radioulnar joint performed during the visit. Documentation dated 6-29-2015; 7-21-2105 and 8-3-2015 do not note pain levels or functional status. Treatment and evaluation to date has included radiological studies, electrodiagnostic studies, MRI, physical therapy, injections, peripheral nerve block, ice treatments, home exercise program. Current medications include Cyclobenzaprine HCL, Flomax, Lidocaine ointment, Percocet and Oxycodone (since at least November 2012). He has failed a trial of Lyrica in the past. Per the note dated 8/12/15, the pt had stomach upset with conventional NSAIDS and tachycardia with Celebrex. He had a rash with Daypro. He was approved for amitriptyline. He was using topical Lidocaine with some benefit. Urine studies dated 6/18/14 were consistent with the patient's medication regimen. The patient's medications

give him 40% pain relief, allowing him to do activities of daily living. The treating physician's request for authorization included a request for OxyContin ER 40 mg # 90. The original Utilization Review dated August 12, 2015 modified the request to OxyContin ER 40 mg # 40 (original request for #90) due to the injured workers current opiate therapy, which exceeds the recommended daily morphine equivalent dosage recommended by the guidelines. Per the note dated 8/19/15 the patient had complaints of pain in neck and back with radiculopathy and difficulty in walking. Physical examination revealed 4/5 strength and decreased sensation in upper extremity and lower extremity. The patient has had EMG of upper extremity that revealed cervical radiculopathy; CT scan of the cervical and lumbar spine that revealed prior surgical changes fusion. The patient's surgical history include multiple surgeries including right wrist surgery times three, left wrist surgery times three, low back fusion, cervical fusions (1999, 2002, 2003), right rotator cuff repair (2008) and a left rotator cuff repair (2009). A recent urine drug screen report was not specified in the records provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin ER 40mg #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

Decision rationale: Oxycontin is an opioid analgesic. According to CA MTUS guidelines cited below, a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals. Other criteria for ongoing management of opioids are: The lowest possible dose should be prescribed to improve pain and function. Continuing review of the overall situation with regard to non-opioid means of pain control. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Per the note dated 8/19/15 the patient had complaints of pain in neck and back with radiculopathy and difficulty in walking. Physical examination revealed 4/5 strength and decreased sensation in upper extremity and lower extremity. The patient has had EMG of upper extremity that revealed cervical radiculopathy; CT scan of the cervical and lumbar spine that revealed prior surgical changes fusion. The patient's surgical history include multiple surgeries including right wrist surgery times three, left wrist surgery times three, low back fusion, cervical fusions (1999, 2002, 2003), right rotator cuff repair (2008) and a left rotator cuff repair (2009). He has failed a trial of Lyrica in the past. Per the note dated 8/12/15, the patient had stomach upset with conventional NSAIDS and tachycardia with Celebrex. He had a rash with Daypro. He was approved for amitriptyline. He was using topical Lidocaine with some benefit. Urine studies dated 6/18/14 were consistent with the patient's medication regimen. The patient's medications give him 40% pain relief, allowing him to do activities of daily living. There is no evidence of aberrant behavior. Patient has had a trial of multiple non-opioid

medications for this injury. There is 40% functional improvement with this medication. The medication Oxycontin ER 40mg #90 is medically necessary and appropriate in this patient.