

Case Number:	CM15-0199507		
Date Assigned:	10/14/2015	Date of Injury:	10/25/2006
Decision Date:	11/24/2015	UR Denial Date:	09/29/2015
Priority:	Standard	Application Received:	10/09/2015

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 69 year old female, who sustained an industrial injury on 10-25-06. The injured worker is diagnosed with joint pain. Her work status is permanent and stationary. Notes dated 6-4-15, 7-9-15 and 8-13-15 reveals the injured worker presented with complaints of right arm and shoulder pain described as sharp and burning and is increased at night. She reports difficulty sleeping. Physical examinations dated 4-27-15, 8-13-15 and 9-21-15 revealed limited range of motion in the bilateral upper extremities (right greater than left) and some tenderness over the right shoulder. The 9-21-15 note also states the injured worker is benefiting from her medication regimen. Treatment to date has included physical therapy, medications; Percocet (minimum of 7 months), OxyContin (minimum of 7 months) and Lidoderm patch, which allow her to engage in self-care, exercise, socialize, increase functionality and decreases her pain by 70% per note dated 8-13-15 and a right shoulder cortisone injection provided temporary relief per note dated 9-21-15. Diagnostic studies to date have included MRI and electrodiagnostic studies. A request for authorization dated 9-21-15 for OxyContin 20 mg #90 is modified to #75 and Percocet 10-325 mg #120 is modified to #90, per Utilization Review letter dated 9-29-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 20mg, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Weaning of Medications, Opioids for chronic pain.

Decision rationale: The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. In this case, the injured worker has been prescribed oxycontin for at least 7 months without ongoing objective evidence of functional improvement or pain relief. Additionally, the injured workers current morphine equivalent dose is MED 150, which exceeds the recommended MED 120. It is not recommended to discontinue opioid treatment abruptly, as weaning of medications is necessary to avoid withdrawal symptoms when opioids have been used chronically. This request however is not for a weaning treatment, but to continue treatment. The request for Oxycontin 20mg, #90 is not medically necessary.

Percocet 10/325mg, #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain, Weaning of Medications.

Decision rationale: The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. In this case, the injured worker has been prescribed oxycontin for at least 7 months without ongoing objective evidence of functional improvement or pain relief. It is not recommended to discontinue opioid treatment abruptly, as weaning of medications is necessary to avoid withdrawal symptoms when opioids have been used chronically. This request however is not for a weaning treatment, but to continue treatment. The request for Percocet 10/325mg, #120 is not medically necessary.