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| Case Number: | CM15-0201706 | | |
| Date Assigned: | 10/16/2015 | Date of Injury: | 08/17/2007 |
| Decision Date: | 11/25/2015 | UR Denial Date: | 09/17/2015 |
| Priority: | Standard | Application Received: | 10/13/2015 |

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, Oregon, Washington
Certification(s)/Specialty: Orthopedic Surgery

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 48 year old female who sustained an industrial injury on 8-17-07. The medical records indicate that the injured worker is being treated for adhesive capsulitis. The injured worker currently (8-7-15) complains of right shoulder pain with a pain level of 5-6 out of 10 with medications and 9-10 out of 10 without medication. This is the only pain enumeration. On physical exam of the right shoulder there was myofascial tenderness to palpation, decreased range of motion. She has difficulty with motion and pain with overhead, repetitive and weighted activity. She has difficulty with gripping and repetitive motion. She has night pain. Her difficulties with motion and pain were unchanged from the 5-15-15 progress note. Treatments to date include Lidocaine patch with benefit, OxyContin (since at least 5-15-15), oxycodone, naproxen. A drug screen dated 8-7-15 was consistent with prescribed medications. The 5-15-15 progress note regarding opioid medications indicates "no side effects, no aberrant drug behavior". The specific request for authorization was not present. On 9-17-15 Utilization Review non-certified the request for OxyContin 20mg #90 with 0 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 20 mg Qty 90 with 0 refills, 1 every 8 hours (3 times daily): Upheld

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

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

Decision rationale: CA MTUS/Chronic Pain Medical Treatment Guidelines, page 92 states that oxycontin tablets are not intended for use as a prn/as needed analgesic. It is indicated for management of moderate to severe pain, where around the clock analgesic for extended period of time is needed. There is insufficient evidence from the records of 5/15/15 that there is anticipated moderate to severe pain, which will require the degree of analgesic effect provided by Oxycontin. Therefore the determination is for non-certification. According to the CA MTUS/Chronic Pain Medical Treatment Guidelines, opioids (criteria for use): A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. The patient should have at least one physical and psychosocial assessment by the treating doctor (and a possible second opinion by a specialist) to assess whether a trial of opioids should occur. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals. Guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The 4 A's for Ongoing Monitoring include analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors. Opioids may be continued if the patient has returned to work and the patient has improved function/pain. The ODG-TWC pain section comments specifically on criteria for the use of drug screening for ongoing opioid treatment. Based upon the records reviewed there is insufficient evidence to support chronic use of narcotics. There is lack of demonstrated functional improvement, percentage of relief, demonstration of urine toxicology compliance, return to work, or increase in activity from the exam note of 5/15/15. Therefore the determination is for non-certification, therefore is not medically necessary.