

Case Number:	CM15-0201861		
Date Assigned:	10/20/2015	Date of Injury:	03/16/2013
Decision Date:	12/01/2015	UR Denial Date:	10/12/2015
Priority:	Standard	Application Received:	10/14/2015

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:

This is a 38 year old male who sustained a work-related injury on 3-16-13. The medical record for date of service 10-7-15 revealed the injured worker was evaluated for neck, mid back, low back and bilateral shoulder symptoms. Diagnoses included discogenic lumbar condition, cervical spine discogenic condition, impingement syndrome of the lumbar spine and thoracic sprain. Previous therapy included, right shoulder decompression surgery and labral repair with post-operative physical therapy subacromial injections and chiropractic therapy. He had medial branch block of the lumbar spine and used TENS unit for pain relief. Objective findings included abduction to 165 degrees on the left with discomfort and grimacing at 105 degrees on the right. He had external rotation to 90 degrees on the left and no more than 70 degrees on the right. Internal rotation was to 50 degrees on the right and 80 degrees on the left. Extension was 15 degrees on the right and 20 degrees on the left. He had tenderness to palpation along the rotator cuff on the right. Impingement sign was negative. His medication regimen included Naproxen 550 mg, AcipHex 20 mg, Tramadol ER 150 mg, Lunesta 2 mg, Norco (since at least 6-10-13) and OxyContin. 10-12-15, the Utilization Review physician modified OxyContin 15 mg #60 to #30 and determined Norco #120 was not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

OxyContin 15mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), OxyContin (Oxycodone).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): 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 Norco since at least 6-10-13 along with Tramadol (timeline unknown). There is no evidence of a risk assessment profile, updated opioid agreement or urine drug screen available for review. Additionally, it is unclear why the physician is requesting two short-acting opioids simultaneously. Furthermore, there is a lack of objective evidence of significant pain relief or functional improvement with prior use of opioid medications. 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 15mg #60 is determined to not be medically necessary.

Norco #120: Upheld

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

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 Norco since at least 6-10-13. There is no evidence of a risk assessment profile, updated opioid agreement or urine drug screen available for review. Additionally, the injured worker is also prescribed Tramadol and there is a concurrent request for Oxycontin. Furthermore, there is a lack of objective evidence of significant pain relief or functional improvement with prior use of opioid medications. 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 Norco #120 is determined to not be medically necessary.