

Case Number:	CM15-0025359		
Date Assigned:	02/17/2015	Date of Injury:	03/26/2003
Decision Date:	04/02/2015	UR Denial Date:	02/02/2015
Priority:	Standard	Application Received:	02/10/2015

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: 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 57-year-old male, who sustained an industrial injury on March 26, 2003. The diagnoses have included right shoulder pain. Treatment to date has included oral pain medication and shoulder arthroplasty in June 2004. Currently, the injured worker complains of arthritis and trauma status post-surgical repair of the right shoulder with post-operative pain control challenges. There is indication in the medical records that the patient underwent additional right shoulder surgery on January 8, 2015. In a post operative note, the treating provider reports joint pain, muscle pain, claudication, decreased range of motion, right shoulder pain with movement, post op and right upper extremity pain with movement. On February 2, 2015 Utilization Review non-certified a Oxycontin 10mg twice a day, Oxycodone HCL 10mg, and Ambien 10mg, It was noted that these medications were requested for post-op use; however, it was not known whether the injured worker has undergone surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 10mg: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, When to continue Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: According to the MTUS guidelines, long-term use of opioids is not recommended due to the development of habituation and tolerance. The medical records indicate that the injured worker has been on chronic opioid therapy and weaning is encouraged. However, the medical records also indicate that the patient recently underwent additional right shoulder surgical repair on 1/8/15. The request for opioids has been for post-operative use. As such, Oxycotin 10 mg would be supported to address the injured worker's postoperative pain.

Oxycodone HCL 10mg: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, When to continue Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: According to the MTUS guidelines, long-term use of opioids is not recommended due to the development of habituation and tolerance. The medical records indicate that the injured worker has been on chronic opioid therapy and weaning is encouraged. However, the medical records also indicate that the patient recently underwent additional right shoulder surgical repair on 1/8/15. The request for opioids has been for post-operative use. As such, Oxycotin 10 mg would be supported to address the injured worker's postoperative pain.

Ambien 10mg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Zolpidem (Ambien).

Decision rationale: According to the Official Disability Guidelines, Zolpidem (Ambien) is a prescription short-acting non-benzodiazepine hypnotic, which is recommended for short-term (7-10 days) treatment of insomnia. In this case, the medical records indicate that Ambien has been prescribed to this injured worker for an extended period of time, and as such, the ongoing use of Ambien is not supported. The request for Ambien 10 mg is not medically necessary.