MAXIMUS Federal Services

Case Number:	CM15-0212361		
Date Assigned:	11/02/2015	Date of Injury:	12/06/2007
Decision Date:	12/18/2015	UR Denial Date:	10/28/2015
Priority:	Standard	Application Received:	10/28/2015

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: California, North Carolina
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 48-year-old male, who sustained an industrial injury on 12-6-2007. The injured worker is undergoing treatment for left shoulder pain, neck and left arm pain. On 3-31-15, he reported pain to the left shoulder, neck and back. He rated his pain 4 out of 10 at its worst and 3 out of 10 at its best, average pain of 3 out of 10. He indicated having difficulty with walking, sitting and getting off the toilet. On 5-12-15, he reported left sided neck pain with radiation into the left shoulder and left arm. He stated his pain was worsening and rated it 5 out of 10. He indicated having numbness, tingling and weakness into the forearms, wrists, and fingers more on the left than right. He also indicated medications were helpful and effective. The provider noted he had been on Oxycodone 15mg for breakthrough pain, which was felt to not be helpful and was increased to 30mg then back down to 15mg. The injured worker noted that he felt the 30mg of Oxycodone was more effective. He is reported to have continued issues with performing activities of daily living including self-care. Objective findings revealed paresthesias in 1st and 2nd digits on the left, decreased reflexes at the biceps, triceps and brachioradialis, decreased range of motion of the left shoulder, decreased motor strength of the right shoulder, left wrist and elbow. There is notation of positive Adson's test on the left, positive bilateral Hawkins, positive apprehension and speed testing on the left. The records do not discuss reduction of pain or improved functional status with Oxycontin. There is no discussion of his pain level after taking opioids or the duration of pain relief. The treatment and diagnostic testing to date has included: medications, AME (7-11-14), multiple sessions of physical therapy, electrodiagnostic studies (date unclear), magnetic resonance imaging of the left shoulder (6-3-

09), left shoulder surgery (4-20-10). Medications have included Norco, gabapentin, Oxycontin, Oxycodone. The records indicate he has been utilizing opioid pain medications since at least June 2009, possibly longer. The records indicate he has been utilizing Oxycontin and Oxycodone since at least March 2015, possibly longer. Current work status: medically disabled. The request for authorization is for Oxycontin 60mg, #60, Oxycontin 80mg, #30, and Oxycodone HCL 30mg, #90. The UR dated 10-28-2015: non-certified the request for Oxycontin 60mg, #60, Oxycontin 80mg, #30, and Oxycodone HCL 30mg, #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 60mg, #60: 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.

Decision rationale: The request is for Oxycontin 80mg, an opiate analgesic. Opiates are recommended for short-term use. Long-term use may be appropriate if there is documented evidence of pain relief and functional improvement allowing return to work. Opiates are generally not recommended for treatment of chronic pain for greater than 3 months. This claimant appears to have been taking opioids since 2009. The medical records reveal no reduction in pain or increase in functional improvement as a result of the Oxycontin. There is also no discussion of pain levels with medication use or duration of pain relief. Therefore, the request is not medically necessary or appropriate.

Oxycontin 80mg, #30: 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.

Decision rationale: The request is for Oxycontin 80mg, an opiate analgesic. Opiates are recommended for short-term use. Long-term use may be appropriate if there is documented evidence of pain relief and functional improvement allowing return to work. Opiates are generally not recommended for treatment of chronic pain for greater than 3 months. This claimant appears to have been taking opioids since 2009. The medical records reveal no reduction in pain or increase in functional improvement as a result of the Oxycontin. There is also no discussion of pain levels with medication use or duration of pain relief. Therefore, the request is not medically necessary or appropriate.

Oxycodone Hydrochloride 30mg, #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): Opioids for chronic pain.

Decision rationale: The request is for Oxycodone 30mg, an opiate analgesic. Opiates are recommended for short-term use. Long-term use may be appropriate if there is documented evidence of pain relief and functional improvement allowing return to work. Opiates are generally not recommended for treatment of chronic pain for greater than 3 months. This claimant appears to have been taking opioids since 2009. The medical records reveal no reduction in pain or increase in functional improvement as a result of the Oxycontin. There is also no discussion of pain levels with medication use or duration of pain relief. Therefore, the request is not medically necessary or appropriate.