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| Case Number: | CM15-0033896 | | |
| Date Assigned: | 02/27/2015 | Date of Injury: | 03/07/2011 |
| Decision Date: | 04/13/2015 | UR Denial Date: | 02/07/2015 |
| Priority: | Standard | Application Received: | 02/23/2015 |

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: Physical Medicine & Rehabilitation

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 was a 33-year-old male, who sustained an industrial injury, March 7, 2011. According to progress note of January 22, 2015, the injured worker's chief complaint was left shoulder pain was worse. The physical exam noted tenderness over the L5 area and the MRI of the showed left shoulder fluid and biceps tear. The primary physician stated the injured worker was benefiting from pain relief and improved function from opiate therapy. The injured worker was involved in an automobile accident in November 2014, which the physician states increased the injured workers back pain significantly. The injured worker was sent back to physical therapy, which helped increase the injured workers range of motion and increased strength. The injured worker was trying to establish a home exercise program at this time. The injured worker was diagnosed with left shoulder fluid and biceps tear, sexual dysfunction, long-term use of medications, shoulder joint pain, myalgia and myositis, chronic pain syndrome, other pain disorders with psychological factors and lumbago. The injured worker previously received the following treatments MRI of the left shoulder, pain medication, physical therapy and pain management. On January 22, 2015, the primary treating physician requested authorization for Oxycontin 80mg extended release #60, one tablet every 12 hours with no refills and Oxycodone hydrochloride3 tablets 30mg #120 1-3 tablets every 23-4 hours as needed for shoulder and back pain. On February 7, 2015, the Utilization Review denied authorization for Oxycontin 80mg extended release #60, one tablet every 12 hours with no refills and Oxycodone hydrochloride3 tablets 30mg #120 1-3 tablets every 23-4 hours as needed. The denial was based on the MTUS/ACOEM and ODG guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 80 MG Extended Release #60 1 Tab Every 12 Hours with No Refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines criteria for use of opioids Page(s): 76-78, 88-89.

Decision rationale: The patient presents with left shoulder pain. The request is for Oxycontin 80 mg extended release # 60 1 every 12 hours with no refills. Patient is status post left arthroscopic debridement 05/16/14. Physical examination to the left shoulder on 08/25/14 revealed tenderness to palpation over the lateral acromion and anterior left shoulder. Patient has had physical therapy treatments with benefits. Per 12/03/14 progress report, patient's diagnosis include shoulder joint pain, myalgia and myositis, unspecified, chronic pain syndrome, other pain disorders related to psychological factors and lumbago. Patient's medications, per 12/03/14 progress report include Oxycontin and Oxycodone. Patient is temporarily totally disabled. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4A's (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief." Treater has not provided reason for the request. The request is for Oxycontin 80 mg # 60. UR letter dated 02/07/15 has modified the request to # 40. Patient was prescribed Oxycontin on 10/02/14, 10/27/14 and 12/03/14. In this case, the 4A's are not appropriately addressed, as required by MTUS. Treater has not stated how Oxycontin decreases pain and significantly improves patient's activities of daily living. There are no discussions regarding adverse side effects, aberrant behavior, specific ADL's, etc. Patient's USD report, dated 09/08/14 showed results consistent with patient's medications. However, no CURES or opioid pain contract were provided. Given the lack of documentation as required by MTUS, the request is not medically necessary.

Oxycodone 30 MG #120 1-3 Tabs Every 4-6 Hours As Needed with No Refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines criteria for use of opioids Page(s): 76-78, 88-89.

Decision rationale: The patient presents with left shoulder pain. The request is for Oxycodone 30 mg # 120 1-3 tabs every 4-6 hours as needed with no refills. Patient is status post left arthroscopic debridement 05/16/14. Physical examination to the left shoulder on 08/25/14

revealed tenderness to palpation over the lateral acromion and anterior left shoulder. Patient has had physical therapy treatments with benefits. Per 12/03/14 progress report, patient's diagnosis include shoulder joint pain, myalgia and myositis, unspecified, chronic pain syndrome, other pain disorders related to psychological factors and lumbago. Patient's medications, per 12/03/14 progress report include Oxycontin and Oxycodone. Patient is temporarily totally disabled. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4A's (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. Treater does not provide reason for the request. The request is for Oxycodone 30 mg # 120. UR letter dated 02/07/15 has modified the request to # 80. Patient was prescribed Oxycodone on 10/27/14, 12/03/14 and 01/22/15. In this case, treater has not discussed how Oxycodone significantly improves patient's activities of daily living. Urine analysis test dated 09/08/14 showed results consistent with patient's medications, however no discussions regarding aberrant behavior were provided. No CURES or opioid pain contract were provided either. MTUS requires appropriate discussion of the 4A's. Given the lack of documentation as required by guidelines, the request is not medically necessary.