

Case Number:	CM15-0035639		
Date Assigned:	03/04/2015	Date of Injury:	03/09/2013
Decision Date:	04/08/2015	UR Denial Date:	02/12/2015
Priority:	Standard	Application Received:	02/25/2015

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: Arizona, 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 56-year-old male, who sustained an industrial injury on March 9, 2013. He has reported a mechanical ground level fall landing on the right side. The diagnoses have included shoulder joint pain and knee pain/joint pain leg. Treatment to date has included cane, knee brace, knee immobilizer, diagnostic studies, ice, heat, physical therapy, medication, shoulder injections and home exercises. On February 24, 2015, the injured worker complains of left knee pain. The pain is ongoing and increases with walking along with symptoms of weakness. His left shoulder continues to be painful with movement and reaching. He rated his pain as an 8 on a 1-10 pain scale with medications. On February 12, 2015, Utilization Review non-certified a retrospective request for MS Contin 100mg #90 (dispensed 01/27/2015) and retrospective request for Oxycodone 30mg #120 (dispensed on 01/27/2015), noting the CA MTUS Guidelines. On February 25, 2015, the injured worker submitted an application for Independent Medical Review for review of retrospective request for MS Contin 100mg #90 (dispensed 01/27/2015) and retrospective request for Oxycodone 30mg #120 (dispensed on 01/27/2015).

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective MS Contin 100 mg #90 dispensed on 1/27/2015: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids
Page(s): 82-92.

Decision rationale: According to the guidelines, the daily maximum morphine equivalent recommended is 120mg. In this case, the claimant had been on MSContin for several months which can risk addiction and tolerance. Prior pain response was down to 5/10 with medication and recent response was 6-7 indicating diminishing benefit. The claimant's dose of MSContin was 300 mg daily which is well over the recommended maximum. As a result, the MSContin as prescribed above is not medically necessary.

Retrospective Oxycodone 30 mg #120 dispensed on 1/27/2015: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids
Page(s): 82-92.

Decision rationale: Oxycodone is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Oxycodone for several months with diminishing pain relief benefit. In addition, the dose of Oxycodone of 120 mg daily intake is equivalent to 180 mg of Morphine. The guidelines recommends limiting the daily dose to 120 mg of Morphine. The continued use of Oxycodone as above in combination with MSContin is not medically necessary.