

Case Number:	CM15-0036738		
Date Assigned:	03/05/2015	Date of Injury:	10/27/2014
Decision Date:	04/15/2015	UR Denial Date:	02/20/2015
Priority:	Standard	Application Received:	02/26/2015

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: Texas, New York, 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:

The applicant is a represented 38-year-old who has filed a claim for shoulder pain reportedly associated with an industrial injury of October 27, 2014. Thus far, the applicant has been treated with the following: Analgesic medications; opioid therapy; earlier shoulder arthroscopy and debridement on December 15, 2014; and unspecified amounts of physical therapy. In a Utilization Review Report dated February 20, 2015, the claims administrator retrospectively denied request for OxyContin, Percocet, and Valium apparently prescribed and/or dispensed on or around February 9, 2015. The applicant's attorney subsequently appealed. In a progress note dated February 9, 2015, the applicant reported ongoing complaints of shoulder pain, two and half months removed the left shoulder stabilization procedure. Limited shoulder range of motion was noted. The applicant's work status was not furnished. Percocet and valium were apparently endorsed, without any explicit discussion of medication efficacy. The applicant's complete medication list was not detailed. On January 14, 2015, the attending provider stated that he was refilling OxyContin, Celebrex, and Percocet. No discussion of medication efficacy transpired. In a December 15, 2014, progress note, the applicant was given prescriptions for Celebrex, OxyContin, and Percocet. The applicant was status post left shoulder arthroscopy and Bankart stabilization procedure. The applicant was still using a sling as of this point in time.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Oxycontin 10 mg #60 with a dos of 2/9/2015: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 94-95.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment, Chapter 9 Shoulder Complaints Page(s): 47; 212.

Decision rationale: No, the request for OxyContin, a long-acting opioid, was not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter page 9, Table 9-6, page 212, does acknowledge that a short course of opioids is deemed optional in the evaluation and management of shoulder pain complaints, as were present on or around the date in question, February 9, 2015, this recommendation is, however, qualified by commentary made in ACOEM Chapter 3, page 47, to the effect that an attending provider should incorporate some discussion of efficacy of medication for the particular condition for which it is being prescribed. Here, however, the attending provider failed to outline why the applicant still required analgesia at the opioid level on or around February 9, 2015, i.e., some two and half months removed from the date of earlier shoulder surgery. There was no mention of the applicant's having severe pain complaints on that date. No clear or compelling rationale for continued usage of OxyContin was furnished by the attending provider. A discussion of medication selection and/or medication efficacy did not transpire on or around the date in question. The applicant's work status, functional status, and response to previous usage of OxyContin were not detailed. The attending provider did not establish the presence of continued severe pain complaints which would have compelled continued usage of OxyContin on or around the date in question. Therefore, the request was not medically necessary.

Retrospective Percocet 10/325 mg #60 with a dos of 2/9/2015: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 94-95.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment, Chapter 9 Shoulder Complaints Page(s): 212;47.

Decision rationale: Similarly, the request for Percocet, a short-acting opioid, was likewise not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 9, Table 9-6, page 212 does acknowledge that a short course of opioid is deemed optional in the evaluation and management of shoulder pain complaints, as was present here, on or around the date in question, in this case, however, the request in question represented a renewal request for Percocet. The MTUS Guidelines in ACOEM Chapter 3, page 47, stipulates that an attending provider incorporate some discussion of efficacy of medications for the particular condition for which it is being prescribed into his choice of recommendations. Here, the February 9, 2015, progress note contained no references to or discussion of medication efficacy. It was not clearly stated whether or why the applicant was still having shoulder pain complaints requiring analgesia at the opioid level some two and half months removed from the

date of earlier shoulder surgery in December 14, 2014. No clear or compelling rationale was set forth for continued usage of Percocet on or around the date in question. Therefore, the request was not medically necessary.

Retrospective Valium 5 mg #40: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 94-95.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402.

Decision rationale: Finally, the request for Valium, an anxiolytic medication, was likewise not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 15, page 402 does acknowledge that anxiolytic such as Valium can be employed for brief periods in cases of overwhelming symptoms, in this case, however, there was no mention of the applicant's having any overwhelming issues with anxiety evident on or around the date of service, February 9, 2015. No clear or compelling rationale was set forth for continued usage of Valium on or around the date in question. Therefore, the request was not medically necessary.