

Case Number:	CM15-0050373		
Date Assigned:	03/23/2015	Date of Injury:	02/22/2006
Decision Date:	05/01/2015	UR Denial Date:	03/07/2015
Priority:	Standard	Application Received:	03/17/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 50 year old male, who sustained an industrial injury on 2/22/06. He reported left upper extremity pain. The injured worker was diagnosed as having elbow pain, entrapment neuropathy of an upper limb, joint pain, shoulder pain, and wrist pain. Treatment to date has included surgery for his wrist in 2006, surgery for his elbow in 2009, and surgery for his shoulder in 2009. A physician's report noted after the shoulder surgery there was the development of a chronic pain syndrome that was persistent. Other treatment included physical therapy and medications such as Voltaren gel, Norco, Oxycontin, and Soma. A MRI of the left shoulder obtained on 5/13/11 revealed probable tendinopathy of the supraspinatus tendon. An electrodiagnostic study obtained on 6/20/11 was noted to have revealed no evidence for acute or chronic cervical radiculopathy, brachial plexopathy, or peripheral mononeuropathy. Currently, the injured worker complains of left shoulder pain, left elbow pain, and left wrist pain. The treating physician requested authorization for OxyContin 20mg #90. A physician's report dated 2/13/15 noted the injured worker continues to report functional benefit with medications. His capability with daily activities has improved over baseline with use.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 20 mg #90: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Pain Outcomes and Endpoints, p8, (2) Opioids, criteria for use, p76-80, (3) Opioids, dosing, p86 Page(s): 8, 76-80, 86.

Decision rationale: The claimant is nearly 10 years status post work-related injury and continues to be treated for a chronic pain syndrome after shoulder surgery. Medications include OxyContin and Norco at a total MED (morphine equivalent dose) of 120 mg per day. Medications are referenced as providing pain relief. Guidelines indicate that when an injured worker has reached a permanent and stationary status or maximal medical improvement that does not mean that they are no longer entitled to future medical care. When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. OxyContin is a long acting opioid used for the treatment of baseline pain. In this case, it is being prescribed as part of the claimant's ongoing management. There are no identified issues of abuse or addiction. There are no inconsistencies in the history, presentation, the claimant's behaviors, or by physical examination. The total MED is less than 120 mg per day consistent with guideline recommendations. Therefore, the continued prescribing of OxyContin is medically necessary.