

Case Number:	CM15-0051026		
Date Assigned:	03/24/2015	Date of Injury:	07/14/1997
Decision Date:	05/01/2015	UR Denial Date:	02/20/2015
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 67-year-old female who sustained an industrial injury on 07/14/1997. Current diagnoses include reflex sympathetic dystrophy of the upper limb, neuropathy, and pain in joint shoulder region. Previous treatments included medication management, physical therapy, surgeries, mirror box therapy, aquatic therapy, botox injections, TENS unit, ice/heat, and home exercise program. Initial complaints included dislocating her left shoulder and tore her rotator cuff after falling. Report dated 02/27/2015 noted that the injured worker presented with complaints that included constant shoulder pain with numbness and tingling in her left hand, shooting pain from hand to shoulder, up the back of her head on the left side. Pain level was rated as 7-8 out of 10 on the visual analog scale (VAS). Physical examination was positive for abnormal findings. The treatment plan included continue current medications, continue to titrate Oxycontin next visit, and return in one month. Disputed treatments include oxycodone and Oxycontin ER.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 10mg extended release #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list; Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, p76-80 (2) Opioids, dosing, p86.

Decision rationale: The claimant has a remote history of a work-related injury and continues to be treated for chronic pain including a diagnosis of CRPS affecting the left upper extremity. Medications include oxycodone and OxyContin at a total MED (morphine equivalent dose) of 82.5 mg per day. Oxycodone is a short acting opioid often used for intermittent or breakthrough pain. Although there are no identified issues of abuse or addiction, there is poor pain control and the claimant is not currently working. The claimant meets criteria for discontinuing opioid medication and therefore continued prescribing of oxycodone was not medically necessary.

Oxycontin 5mg tab #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list; Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, p76-80 (2) Opioids, dosing, p86.

Decision rationale: The claimant has a remote history of a work-related injury and continues to be treated for chronic pain including a diagnosis of CRPS affecting the left upper extremity. Medications include oxycodone and OxyContin at a total MED (morphine equivalent dose) of 82.5 mg per day. OxyContin is a long acting opioid used for the treatment of baseline pain. Although there are no identified issues of abuse or addiction, there is poor pain control and the claimant is not currently working. The claimant meets criteria for discontinuing opioid medication and therefore continued prescribing of OxyContin was not medically necessary.