

Case Number:	CM13-0038762		
Date Assigned:	12/20/2013	Date of Injury:	08/15/1995
Decision Date:	07/18/2014	UR Denial Date:	09/06/2013
Priority:	Standard	Application Received:	10/02/2013

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. The expert reviewer is Board Certified in Internal Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 65-year-old male who has submitted a claim for chronic pain syndrome and shoulder arthropathy associated with an industrial injury date of August 15, 1995. The medical records from 2012 through 2014 were reviewed, which showed that the patient complained of shoulder pain, knee pain, and right upper extremity pain. The physical examination showed no swelling or erythema. Range of motion was within normal limits. Muscle strength was 5/5 in bilateral upper and lower extremities. The treatment to date has included left shoulder surgery and revision, left shoulder arthroscopy, debridement, subacromial decompression, and open biceps tenodesis, left elbow surgery, multiple knee surgeries, physical therapy, steroid injections, and medications, which include Oxycodone 10mg, Morphine ER 15mg. The utilization review from September 6, 2013 denied the request for Morphine ER 15mg #180 and Oxycodone 10mg (unknown quantity) because documentation does not support the medical necessity of ongoing opioid agent use as there were no progress notes provided for review containing documentation that there has been screening for aberrant behavior, and documentation that opioids are resulting in significant functional/vocational benefit or analgesic effect. Medical necessity of chronic opioid use cannot be supported based on the provided documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

MORPHINE ER 15MG #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Ongoing Management Page(s): 76-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-going Management Page(s): 78-81.

Decision rationale: According to pages 78-81 of the California MTUS Chronic Pain Medical Treatment Guidelines, ongoing opioid treatment is not supported unless prescribed at the lowest possible dose and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The monitoring of these outcomes over time should affect therapeutic decision and provide a framework for documentation of the clinical use of these controlled drugs. The California MTUS guidelines recommend that dosing should not exceed 120mg oral morphine equivalents per day and for patients taking more than one opioid, the morphine equivalent doses of the different opioids must be added together to determine cumulative dose. In this case, records indicate that the patient has been on pain medications for 15 years. A comprehensive physician review done 9/5/13 mentioned that the treating physician was not aware of the recommended treatment threshold. It also mentioned that the physician agreed that the patient may be experiencing opioid induced hyperalgesia and decreasing the medication lowers the risk for lethal overdose. Inpatient detoxification was recommended and the physician was in agreement with the recommendation. There was sparse subjective and objective information on the medical records submitted. Specific measures of analgesia and functional improvements, such as improvements in activities of daily living were not documented. There was also no documentation of adverse effects or aberrant behaviors. No toxicology screenings are available. The MTUS guidelines require clear and concise documentation for ongoing opioid treatment. Therefore, the request for prospective Morphine ER 15MG #180 is not medically necessary.

OXYCODONE 10MG (UNKNOWN QUANTITY): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-going Management Page(s): 78-81.

Decision rationale: According to pages 78-81 of the California MTUS Chronic Pain Medical Treatment Guidelines, ongoing opioid treatment is not supported unless prescribed at the lowest possible dose and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The monitoring of these outcomes over time should affect therapeutic decision and provide a framework for documentation of the clinical use of these controlled drugs. The California MTUS guidelines recommend that dosing should not exceed 120mg oral morphine equivalents per day and for patients taking more than one opioid, the morphine equivalent doses of the different opioids must be added together to determine cumulative dose. In this case, records indicate that the patient has been on pain medications for 15 years. A comprehensive physician review done 9/5/13 mentioned that the treating physician was not aware of the recommended treatment threshold. It also mentioned that the physician

agreed that the patient may be experiencing opioid induced hyperalgesia and decreasing the medication lowers the risk for lethal overdose. Inpatient detoxification was recommended and the physician was in agreement with the recommendation. There was sparse subjective and objective information on the medical records submitted. Specific measures of analgesia and functional improvements, such as improvements in activities of daily living were not documented. There was also no documentation of adverse effects or aberrant behaviors. No toxicology screenings are available. The MTUS guidelines require clear and concise documentation for ongoing opioid treatment. Therefore, the request for prospective Oxycodone 10mg is not medically necessary.