

Case Number:	CM14-0122219		
Date Assigned:	08/08/2014	Date of Injury:	03/27/2013
Decision Date:	10/23/2014	UR Denial Date:	07/26/2014
Priority:	Standard	Application Received:	08/04/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain 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 injured worker is a 42-year-old female who reported a date of injury of 03/27/2013. The mechanism of injury was not indicated. The injured worker had diagnoses of shoulder impingement, carpal tunnel syndrome, gastroduodenal disorders not otherwise specified, and brachial neuritis or radiculitis not otherwise specified. Prior treatments included physical therapy. The injured worker had an MRI of the right shoulder on 05/16/2013 with the official report indicating full thickness tear of the distal supraspinatus tendon and small fluid accumulation in the subchondral/subdeltoid bursa. An MRI of the cervical spine on 01/08/2014 with the official report indicating multilevel degenerative changes, impingement over the exiting nerve root on the left side of C5-6, no definite neural foraminal narrowing, reversal of lordosis of the cervical spine of minimal degree, and 2 well circumscribed sub-centimeter rounded lesions. An EMG/NCV on 01/13/2014 with the official report indicating normal studies of both upper extremities. Surgeries were not indicated within the medical records provided. The injured worker had complaints of right shoulder pain, with the pain rated at 7-8/10, aggravated by activities such as reaching, dishes, lifting milk, and daily activities. The clinical note dated 07/02/2014 noted the injured worker had stiffness in the cervical spine, pain in the trapezial area, and the range of motion in the injured worker's right shoulder was 160 degrees of flexion, 160 degrees of abduction, and 70 degrees of external and internal rotation. The injured worker had positive I and II impingement signs, pain with resisted internal rotation, and pain with resisted external rotation. Medications included ibuprofen, carisoprodol, and naproxen. The treatment plan included the physician's recommendation for right shoulder arthroscopy, subacromial decompression, mini Mumford procedure, rotator cuff repair, the request for authorization for physical therapy, durable medical equipment to include a sling, an ice machine, and

postoperative pain medication including Oxycontin and Vicodin. The rationale and Request for Authorization form were not provided within medical records received.

IMR ISSUES, DECISIONS AND RATIONALES

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

OxyContin (Oxycodone, Hydrochloride Controlled-Released) 20mg #20: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-78.. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Opioids.

Decision rationale: The request for OxyContin (Oxycodone, Hydrochloride Controlled-Released) 20mg #20 is not medically necessary. The injured worker had complaints of right shoulder pain, with the pain rated at 7-8/10, aggravated by activities such as reaching, dishes, lifting milk, and daily activities. The California MTUS Guidelines recommend opioids at the lowest possible dose to be prescribed to improve pain and function. Intermittent pain should start with short acting opioids, trying 1 medication at a time. When used only for a time limited course, opioid analgesics are an option in the management of patients with acute pain. The decision to use opioids should be guided by consideration of the potential complications relative to other options. Patients should be warned about potential physical dependence and the danger associated with the use of opioids while operating heavy equipment or driving. It is noted the physician recommended Vicodin and Oxycontin for postsurgical pain. However, postoperative pain is intermittent for which the guidelines indicate the use of short acting opioids. Vicodin is a short acting opioid while Oxycontin is a long acting opioid. The physician recommended the use of Vicodin and Oxycontin for the injured worker's postoperative pain, however, Vicodin is a short acting opioid for which the guidelines recommend use for intermittent postoperative pain. The use of Oxycontin would not be warranted. Additionally, the request as submitted did not specify a frequency of the medications use. As such, the request is not medically necessary.