

Case Number:	CM14-0144048		
Date Assigned:	09/12/2014	Date of Injury:	03/09/2008
Decision Date:	11/10/2014	UR Denial Date:	08/27/2014
Priority:	Standard	Application Received:	09/05/2014

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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 52-year-old male with a 3/9/08 date of injury, and status post right shoulder rotator cuff repair 6/17/14. The medical records were reviewed. At the time (8/27/14) of request for authorization for OxyContin 5mg take one three times daily #90, there is documentation of subjective (moderate constant pain over the right shoulder as well as posterior shoulder with tightness over the shoulder blade, right medial elbow pain radiating to the forearm, constant mild low back ache with bilateral lower extremity paresthesias) and objective (right shoulder minimal swelling, 4+/5 strength of the right wrist and hand, lumbar spine paraspinal tenderness, and positive straight leg raise) findings. The current diagnoses are right shoulder rotator cuff tear, status post repair 6/16/14, post-operative rash involving the right arm and anterior chest wall, worsening of pain secondary to recent surgery, lumbar degenerative disc disease with chronic L5-S1 radiculopathy, right medial elbow pain secondary to flexor tendinopathy, chronic pain related anxiety and depression. The treatment to date includes physical therapy, epidural steroid injection, activity modification, and ongoing use of OxyContin since at least 10/13. There is no documentation that the prescriptions are from a single practitioner and are taken as directed; that the lowest possible dose is being prescribed; and that there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects; functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of OxyContin use to date.

IMR ISSUES, DECISIONS AND RATIONALES

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

OxyContin 5mg take one three times daily #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-80. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines necessitate documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of opioids. MTUS definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of right shoulder rotator cuff tear, status post repair 6/16/14, post-operative rash involving the right arm and anterior chest wall, worsening of pain secondary to recent surgery, lumbar degenerative disc disease with chronic L5-S1 radiculopathy, right medial elbow pain secondary to flexor tendinopathy, chronic pain related anxiety and depression. However, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; that the lowest possible dose is being prescribed; and that there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In addition, given medical records reflecting prescription for OxyContin since at least 10/13, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of OxyContin use to date. Therefore, based on guidelines and a review of the evidence, the request for OxyContin 5mg #90 is not medically necessary.