

Case Number:	CM14-0179350		
Date Assigned:	11/03/2014	Date of Injury:	02/09/2005
Decision Date:	12/09/2014	UR Denial Date:	10/07/2014
Priority:	Standard	Application Received:	10/29/2014

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 Family Medicine and is licensed to practice in Florida. 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 55-year-old male who sustained an industrial work related injury on February 9th 2005. He sustained a right shoulder superior and anterior labral tear for which he underwent an open exploration and repair on 7/5/2005. On 2/7/2007 he also under went a right shoulder arthroscopy with tenotomy and tenodesis long head of biceps with arthroscopic subacromial decompression, distal clavicle excision, and repair of the right rotator cuff. Before the work related injury occurred he also had a history of a Right acromioclavicular dislocation ORIF in 1997. He had X-rays and an MRI performed preceding the surgeries for this work related injuries. He has been treated with physical therapy and medications (that include substantial doses of narcotics, NSAIDS, and muscle relaxants such as Soma.) It has been recommended on several occasions that he be weaned from his narcotic medications as he is on an extremely high dose of MME (Morphine Milligram Equivalents.) He has reported improvement in his pain level with his current medications. He is employed as a caregiver. The utilization review physician again recommended that the pt. be weaned from his current dosage of narcotics. It is documented that the utilization review physician discussed this patient's case with the prescribing physician who is also in agreement that the patient should be weaned from his current narcotic dose. This patient's medical records indicate that he is taking Opana ER 40 mg BID (twice daily,) and Oxycodone 30 mg 5-6x's per day as needed. This patient's cumulative narcotic Morphine Milligram Equivalents (MME) score per day is over 500. Likewise, following discussion with the prescribing physician the utilization review physician certified continuation of the patient's Opana, but did not recertify the oxycodone at the usual requested dose. Instead, he recommended weaning of the oxycodone. Likewise, an independent medical review has been requested regarding the medical necessity of this patient's oxycodone medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone 30mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, regarding Oxycodone Immediate release & Weaning of Medic.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids Page(s): 122-125.

Decision rationale: In accordance with California MTUS guidelines, it is recommended that "dosing not exceed 120 mg 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 the cumulative dose." This patient's medical records indicate that he is taking Opana ER 40 MG BID, and Oxycodone 30 mg 5-6x's per day as needed. This patient's cumulative narcotic Morphine Milligram Equivalents (MME) score per day is over 500. Records indicate that the utilization review physician spoke with the requesting/prescribing physician and that the prescribing physician is in agreement with attempting to wean this patient's narcotics given the dangers inherent to being on this high of a dose of narcotics. Weaning the patient from his narcotic is medically advisable. Likewise, this request for Oxycodone is not medically necessary.