

Case Number:	CM14-0083644		
Date Assigned:	07/21/2014	Date of Injury:	02/14/2013
Decision Date:	09/22/2014	UR Denial Date:	05/09/2014
Priority:	Standard	Application Received:	06/05/2014

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 Physical Medicine & Rehabilitation and is licensed to practice in Illinois. 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 49-year-old male who reported an injury after pulling down a rolling rear door on a truck on 02/14/2013. The clinical note dated 04/30/2014 indicated diagnoses of adhesive capsulitis of shoulder, shoulder pain, and myofascial pain. The injured worker reported the pain impaired his ability to perform household chores, office work, drive, walk, run, and play sports. The injured worker reported the pain also had a negative impact emotionally causing problems with concentration, depression, anxiety, mood, appetite, sleep, and relationships. The injured worker was 2 weeks status post left shoulder joint replacement. However, he continued to have considerable pain. The injured worker was prescribed Oxycontin 10 mg, Dilaudid 4 mg, and Percocet. Physical examination of the left upper extremity: Range of motion to the left upper extremity was limited in all planes with only mild pain in movement, abduction passive to approximately 80 degrees, and forward extension 80 to 90 degrees. The injured worker's treatment plan included discontinue hydrocodone, cyclobenzaprine, and ketoprofen and begin Oxycontin, Dilaudid, and Reglan. The injured worker's prior treatments included diagnostic imaging, surgery, and medication management. The injured worker's medication regimen included Colace, senna, hydrocodone/APAP, cyclobenzaprine, and ketoprofen. The provider submitted a request for OxyContin and Dilaudid. A Request for Authorization was submitted for medications on 04/30/2014. However, rationale was not provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dilaudid 4mg 1 Tab Every 4 Hours For 15 Days #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 78.

Decision rationale: The request for Dilaudid 4mg 1 Tab Every 4 Hours For 15 Days #90 is not medically necessary. The California MTUS Guidelines recommend the use of opioids for the on-going management of chronic low back pain. The ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. There is lack of significant evidence of an objective assessment of the injured worker's pain level, functional status, and evaluation of risk for aberrant drug use, behaviors, and side effects. In addition, the guidelines state that dosing should not exceed 120 mg of a Morphine equivalent per day. A cumulative dose of Dilaudid with Oxycontin exceeds the recommended guideline. Therefore, the request for Dilaudid is not medically necessary.

Oxycontin 10mg 1 Tab Every 12 Hours For 15 Days #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 78.

Decision rationale: The request for Oxycontin 10mg 1 Tab Every 12 Hours For 15 Days #30 is not medically necessary. The California MTUS Guidelines recommend the use of opioids for the on-going management of chronic low back pain. The ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. There is lack of significant evidence of an objective assessment of the injured worker's pain level, functional status, and evaluation of risk for aberrant drug use, behaviors, and side effects. In addition, the guidelines state that dosing should not exceed 120 mg of a Morphine equivalent per day. A cumulative dose of Dilaudid with Oxycontin exceeds the recommended guideline. Therefore, the request for Oxycontin is not medically necessary.