

Case Number:	CM14-0076998		
Date Assigned:	07/18/2014	Date of Injury:	05/20/2006
Decision Date:	06/09/2015	UR Denial Date:	05/22/2014
Priority:	Standard	Application Received:	05/28/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive Medicine

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 58 year old male, who sustained an industrial injury on 5/20/06. He reported initial complaints of left shoulder pain. The injured worker was diagnosed as having bicipital tenosynovitis; primary localized osteoarthritis shoulder region; rotator cuff sprain/strain; superior glenoid labrum lesions (SLAP); partial rotator cuff tear. Treatment to date has included status post left shoulder arthroscopy, SLAP repair, Mumford procedure, subacromial decompression, and subpectoral biceps tenodesis (5/19/14); Anterior cervical reconstructive surgery with removal of previous C6-7 anterior fixation (2006) followed by a complete disc excision with decompression, interbody fixation and anterior plate fixation at C4-5 and C5-6 (7/22/14) physical therapy; medications. Diagnostics included left shoulder arthrogram (4/18/14); post-operative cervical spine fusion x-rays (7/22/14). Currently, the PR-2 notes dated 5/5/14 indicated the injured being seen on this day as a consult/referral. He is a status post C6-7 anterior fixation (2006) and a status post left shoulder arthroscopy for a "cleanout" in 2006. He has an 8/10 with 10 pain constantly up to 20/10. Just dangling his arm is painful and he has catching, clicking and popping and not able to sleep. The injured worker notes it is getting worse with time. His pain is mostly anterior and radiates down the arm to the fingers. He understands that the latter is from the neck. On 4/8/14 he has a second set of cortisone injections for this left shoulder which helped 95% initially but wore off after a few days (first was in 2013 with no benefit). A left shoulder MR arthrogram notes mild AC osteoarthritis with no signs of impingement or significant bursitis. There is mild undersurface tearing supraspinatus and

intraspinatus but no full thickness tear; near circumferential SLAP tear extending into the biceps anchor, mild chondromalacia glenoid. There is a negative O'Brien; tenderness to palpation of the AC joint; mild tenderness to palpation of the long head of biceps in the groove; negative Neer; negative Hawkins. The injured worker is now status post left shoulder arthroscopy, SLAP repair, Mumford procedure, subacromial decompression, and subpectoral biceps tenodesis (5/19/14) and a status post anterior cervical reconstructive surgery with removal of previous C6-7 anterior fixation (2006) followed by a complete disc excision with decompression, interbody fixation and anterior plate fixation at C4-5 and C5-6 (7/22/14). The provider is requesting Oxycontin 10 Mg # 10.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 10 Mg Qty 10: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for Chronic Pain. Decision based on Non-MTUS Citation Official Disability Guidelines Formulary.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic) and Pain, Opioids.

Decision rationale: Oxycodone is the generic version of Oxycontin, which is a pure opioid agonist. ODG does not recommend the use of opioids for low back pain "except for short use for severe cases, not to exceed 2 weeks." The patient has exceeded the 2 week recommended treatment length for opioid usage. MTUS does not discourage use of opioids past 2 weeks, but does state that "ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." The treating physician does not fully document the least reported pain over the period since last assessment, intensity of pain after taking opioid, pain relief, increased level of function, or improved quality of life. The patient was prescribed Percocet on 5/14/14 which was authorized on 5/19/14. The treating physician does not provide a rationale for the additional opioid. As such the request for Oxycontin 10 Mg Qty 10 is not medically necessary.