

Case Number:	CM15-0010644		
Date Assigned:	01/28/2015	Date of Injury:	05/16/2008
Decision Date:	03/23/2015	UR Denial Date:	01/10/2015
Priority:	Standard	Application Received:	01/20/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 65 year old male who sustained a work related injury May 16, 2008. Past history includes hypertension, depressive disorder, carpal tunnel syndrome, and right shoulder arthroscopic subacromial decompression, loose body removal, extensive glenohumeral joint debridement, including grade 4 osteoarthritis of humerus and glenoid type 1 SLAP and labral fraying, 25% partial-thickness rotator cuff tear, articular sided, 9/2009. According to a modified primary treating physician's progress report, dated December 31, 2014, the injured worker presented with complaints of neck and right shoulder pain, 5/10 with medication and 9/10 without. Diagnoses are documented as shoulder pain and cervical pain. Treatment plan included continue current medication regime with requests for refills, discussion of medications and side effects, request for shoulder injections both sides and return to office in four weeks. According to utilization review dated January 10, 2015, the request for Testim 1% gel mg/5 gram 1% #30 has been certified. The request for Oxycontin 60mg #90 has been modified to Oxycontin 60mg #58. The request for Miralax Pdr #1 with 5 refills has been modified to Miralax Pdr #1 without refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

One prescription of Oxycontin 60mg # 90: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Medications for chronic pain Page(s): 76-78, 88-89, 60-61.

Decision rationale: According to the 10/08/2014 report, this patient presents with 0/10 pain with medications and an 8/10 without medications; pain is largely stable at this time. The current request is for 1 prescription of Oxycontin 60mg #90. This medication was first mentioned in the 05/21/2014 report; it is unknown exactly when the patient initially started taking this medication. The request for authorization is on 10/16/2014. For chronic opiate use, MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4A's; analgesia, ADLs, adverse side effects, and aberrant behavior, as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. Per 10/08/2014 report, the treating physician mentioned with medications the patient can perform household task for 30 min to an hour at a time or greater. Without medications he has difficulty performing these tasks. Pain score reduce from a7/20 to a 0-1/10 with medications. The treating physician further document that patient continues to experience functional benefit from medications with improved capability for daily household tasks. No evidence of abuse or diversion. No red flag. Pt continues to submit to random urine drug screening and is complaint with pain contract. In this case, the treating physician's report shows proper documentation of the four A's as required by the MTUS guidelines. Therefore, the current request IS medically necessary.

One prescription of Miralax PDR # 1 with 5 refills: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Therapeutic Trial of Opioids Page(s): 77.

Decision rationale: According to the 10/08/2014 report, this patient presents with 0/10 pain with medications and an 8/10 without medications; pain is largely stable at this time. The current request is for 1 prescription of Miralax PDR #1 with 5 refills. The patient is having more constipation. He has tired Miralax in the past with benefit. Regarding constipation medication, MTUS recommends as a prophylactic treatment when initiating opioid therapy. In this case, treating physician is requesting constipation medication in anticipation of side effects to opioid therapy which is reasonable and within MTUS guidelines. The current request IS medically necessary.