

Case Number:	CM15-0111666		
Date Assigned:	06/18/2015	Date of Injury:	03/26/2003
Decision Date:	07/17/2015	UR Denial Date:	06/04/2015
Priority:	Standard	Application Received:	06/09/2015

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, Pain Management

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 57 year old male who sustained an industrial injury on 3/6/03. The injured worker has complaints of right shoulder pain, arm pain and back pain. The documentation noted on examination he is able to elevate to about 90, externally rotates to 40 degrees, abducts to 60, internally rotates to his trochanter. The documentation noted that the injured workers back has been a problem but it has been deemed nonindustrial but has been a severe problem since 2008. The diagnoses have included right shoulder joint pain. Treatment to date has included status post left shoulder arthroscopy in July 2003 with a rotator cuff repair that failed; arthroscopic decompression with distal clavicle excision and mini open rotator cuff repair in the left shoulder in November 2008; right shoulder arthroscopy with debridement of a labral tear, subacromial decompression, acromioplasty, release of the coracoacromial ligament and a Mumford procedure with excision of the distal clavicle for acromioclavicular (AC) joint derangement as well as a labral tear as well as impingement in February 2008. right shoulder revision on 1/8/15, to reverse; left shoulder rotator cuff repair; two views of the shoulder, right reverse total shoulder arthroplasty in place and located, it is a non-cemented implant with a small osteophyte inferior glenoid; oxycontin and percocet. The request was for oxycontin 10mg #60and oxycodone 10mg #120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 10mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Oxycodone, Opioids, On-Going Management Page(s): 74-82.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 75-80.

Decision rationale: With regard to this request, the California Chronic Pain Medical Treatment Guidelines state the following about on-going management with opioids: "Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the '4 A's' (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." Guidelines further recommend discontinuing opioids if there is no documentation of improvement in function and reduction in pain. In the progress reports available for review, the requesting provider did not adequately document monitoring of the four domains. There did not appear to be adequate monitoring for aberrant behaviors such as querying the CURES database, risk stratifying patients using metrics such as ORT or SOAPP, or including results of random urine toxicology testing. Based on the lack of documentation, medical necessity of this request cannot be established at this time. Although this opioid is not medically necessary at this time, it should not be abruptly halted, and the requesting provider should start a weaning schedule as he or she sees fit or supply the requisite monitoring documentation to continue this medication.

Oxycodone 10mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Oxycodone, Opioids, On-Going Management.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 75-80.

Decision rationale: With regard to this request, the California Chronic Pain Medical Treatment Guidelines state the following about on-going management with opioids: "Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the '4 A's' (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." Guidelines further recommend discontinuing opioids if there is no documentation of improvement in function and reduction in pain. In the progress reports available for review, the requesting provider did not adequately document monitoring of the four domains. There did not appear to be adequate monitoring for aberrant behaviors such as querying the CURES database, risk stratifying patients using metrics such as ORT or SOAPP, or including results of random urine toxicology testing. Based on the lack of documentation, medical necessity of this request cannot be established at this time. Although this opioid is not medically necessary at this time,

it should not be abruptly halted, and the requesting provider should start a weaning schedule as he or she sees fit or supply the requisite monitoring documentation to continue this medication.