

Case Number:	CM15-0112607		
Date Assigned:	06/19/2015	Date of Injury:	05/03/1997
Decision Date:	07/20/2015	UR Denial Date:	05/12/2015
Priority:	Standard	Application Received:	06/11/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 65 year old male, who sustained an industrial/work injury on 5/3/97. He reported initial complaints of right shoulder pain. The injured worker was diagnosed as having pain in joint involving shoulder region. Treatment to date has included medication. Currently, the injured worker complains of right shoulder pain rated 5/10 and without medication at 9/10. Per the primary physician's progress report (PR-2) on 5/6/15, examination reveals guarding of the right arm against the chest due to pain, restricted movements, positive Hawkin's and Neer's test. Palpation noted tenderness in the biceps groove, glenohumeral joint and greater tubercle of humerus, per medicals, there was improvement in function. The requested treatments include Oxycontin 20mg and Gabapentin 600mg Tablets.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 20mg tablet SA SIG: 2-3 twice a day (DAW), QTY: 135: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids; Opioids, dosing; Weaning of Medications Page(s): 77-78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opiates.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, OxyContin 20 mg, 2 to 3 tablets b.i.d. (DAW) #135 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. Discontinuation of long-term opiates is recommended in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. The guidelines state the treatment for neuropathic pain is often discouraged because of the concern about ineffectiveness. In this case, the injured worker's working diagnosis is right shoulder pain. The earliest progress note in the medical record with an OxyContin 20 mg prescription is dated November 12, 2014. The most recent progress note is dated May 6, 2015. The subjective section of the progress note indicates the injured worker has right shoulder pain 5/10. The treating provider addressed OxyContin specifically in another section of the progress note and states the injured worker has a pain score of 2/10. There are no risk assessments in the medical record. There are no detailed pain assessments in the medical record. There has been no attempt at weaning OxyContin 20 mg. there is no documentation demonstrating objective functional improvement. The injured worker's activity level has remained the same. Consequently, absent clinical documentation with objective functional improvement (improvement in ADLs) to support ongoing OxyContin 20 mg, risk assessments, detailed pain assessments, attempted weaning of OxyContin 20 mg, OxyContin 20 mg, 2 to 3 tablets b.i.d. (DAW) #135 is not medically necessary.

Gabapentin 600mg Tablet SIG: take 1/2-1 twice daily, QTY: 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Page(s): 49. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Gabapentin.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Gabapentin 600 mg, one half - one tablet b.i.d. #60 and is not medically necessary. Gabapentin is recommended for some neuropathic pain conditions in fibromyalgia. Gabapentin is associated with a modest increase in the number of patients experiencing meaningful pain reduction. Gabapentin is an anti-epilepsy drug (AED). Gabapentin is considered a first-line treatment for neuropathic pain. In this case, the injured worker's working diagnosis is right shoulder pain. Subjectively, according to a May 6, 2015 progress note, the injured worker complained of right shoulder pain 5/10. There were no subjective neuropathic symptoms present. Objectively, there were no neuropathic findings documented. Gabapentin is recommended for neuropathic pain. There is no clinical indication a rationale in the medical

record to support gabapentin 600 mg. Consequently, absent clinical documentation with neuropathic symptoms and signs, Gabapentin 600 mg, one half - one tablet b.i.d. #60 is not medically necessary.