

<b>Case Number:</b>	CM15-0116825		
<b>Date Assigned:</b>	06/25/2015	<b>Date of Injury:</b>	12/06/2007
<b>Decision Date:</b>	08/07/2015	<b>UR Denial Date:</b>	06/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/17/2015

### 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: New York  
 Certification(s)/Specialty: Emergency 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 47 year old male, who sustained an industrial injury on 12/06/2007. He has reported subsequent neck, shoulder and upper arm pain and was diagnosed with cervical disc displacement, frozen shoulder, chronic myofascial pain syndrome, shoulder/upper arm sprain/strain, left shoulder rotator cuff tear and subacromial impingement, status post left shoulder arthroscopic rotator cuff repair, post-operative adhesive capsulitis, and neck sprain. Progress notes from 2013 indicate that the injured worker also had a history of opioid dependence as well as a diagnosis of pain disorder associated with psychological factors. Treatment to date has included medication, chiropractic treatment, acupuncture, physical therapy and surgery. The physician had been prescribed OxyContin for pain as far back as 2011. A progress note dated 12/19/2014, active medication list documented is for Oxycontin 60mg tabs - "tab every 6 hours in conjunction with Oxy40mg." The IW's Oxycontin dose was noted to be decreased from Oxycontin 60mg 4 times daily to OxyContin 80mg 2 times daily with the intended purpose of decreasing the dose. A progress note dated 01/08/2015 indicated that the injured worker had exceeded the dosage of OxyContin that was prescribed due to the severity of pain had run out of medication. The documented plan at the conclusion of this visit was to change medication dosage from OxyContin from 80mg tablet twice daily to 60mg 3 times daily. There was vague reference to a pain contract, but details were not included in submitted documentation. There is no documentation of any recent urine drug screen results. In a progress note dated 05/12/2015, the injured worker complained of sharp, worsening, achy pain across the left side of the neck, down to the shoulder, forearms, wrists and fingers that was rated as 5/10.

The physician noted that Oxycodone that was recently prescribed to the injured worker was not beneficial at 15 mg and was bumped up to 30 mg, then back down to 15 mg. The injured worker reported more effectiveness with the 30 mg tablet. There was no discussion of OxyContin use. The physician noted that the injured worker had ongoing issues with self-care, grooming and hygiene. Objective findings were notable for crepitus with passive range of motion of the shoulders, decreased range of motion of the shoulders, paresthesias in the 1st and 2nd digits on the left, mild weakness with shoulder abduction and forward flexion on the right, elbow and wrist flexion and extension on the left, positive Adson's test of the cervical spine on the left, positive Hawkin's test on the left and right shoulder and positive apprehension and Speed's tests on the left. The IW remains temporarily total disabled. The current request is for authorization of OxyContin 60 mg, quantity of 60, Oxycodone 30 mg, quantity of 90 and OxyContin 80 mg, quantity of 30.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Oxycontin 60mg, quantity: 60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Weaning of Medications.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Opioids, ongoing management Opioids, dosing Page(s): 76, 78, 86.

**Decision rationale:** As per CA Medical Treatment Utilization Schedule (MTUS) guidelines long term usage of opioids is discouraged unless there is "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. In addition, as per CA MTUS guidelines one of the red flags that indicate that opioids may not be helpful in the chronic phase is if the injured worker was given a diagnosis of "pain disorder associated with psychological factors (such as anxiety and depression)." MTUS further recommends that "dosing not exceed 120 mg oral morphine equivalents per day, and for patients taking more than one opioid, the morphine equivalent doses of the different opioids must be added together to determine the cumulative dose." The documentation submitted showed no significant improvement in pain or functional status with the use of OxyContin. The injured worker had been prescribed this medication since at least 2011. The most recent progress notes show that the injured worker was experiencing an increase in pain despite OxyContin use and was continuing to experience difficulty with performing activities of daily living. In addition, a progress note from 01/08/2015 showed that the injured worker had exceeded the prescribed dosage of OxyContin. There are no recent urine drug screen results to indicate monitoring for potential misuse or dependence as per MTUS guidelines and the injured worker also has a documented history of opioid dependence. Also, as per the documentation submitted, the injured worker has a diagnosis of psychological factors affecting chronic pain condition and depression. As per CA MTUS guidelines, these diagnoses are red flags that indicate that opioids may not be

helpful in the chronic phase and have not been shown to be successful with opioid treatment. The dosage of opioid medications being prescribed is also above the MTUS recommended guideline of 120 mg oral morphine equivalents per day. Finally, there is inconsistency within the submitted documentation with respect to what opiates the IW is prescribed, what the IW is actually taking, the benefits of these treatments. With the inconsistencies in the records and the non-adherence to MTUS guidelines, the request for authorization of OxyContin 60 mg, quantity of 60 is not medically necessary.

**Oxycodone 30mg, quantity: 90: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Weaning of Medications.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Opioids, ongoing management Opioids, dosing Page(s): 76, 78, 86.

**Decision rationale:** As per CA Medical Treatment Utilization Schedule (MTUS) guidelines long term usage of opioids is discouraged unless there is "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. In addition, as per CA MTUS guidelines one of the red flags that indicate that opioids may not be helpful in the chronic phase is if the injured worker was given a diagnosis of "pain disorder associated with psychological factors (such as anxiety and depression)." MTUS further recommends that "dosing not exceed 120 mg oral morphine equivalents per day, and for patients taking more than one opioid, the morphine equivalent doses of the different opioids must be added together to determine the cumulative dose." The documentation submitted showed no significant improvement in pain or functional status with the use of OxyContin. The injured worker had been prescribed this medication since at least 2011. The most recent progress notes show that the injured worker was experiencing an increase in pain despite OxyContin use and was continuing to experience difficulty with performing activities of daily living. In addition, a progress note from 01/08/2015 showed that the injured worker had exceeded the prescribed dosage of OxyContin. There are no recent urine drug screen results to indicate monitoring for potential misuse or dependence as per MTUS guidelines and the injured worker also has a documented history of opioid dependence. Also, as per the documentation submitted, the injured worker has a diagnosis of psychological factors affecting chronic pain condition and depression. As per CA MTUS guidelines, these diagnoses are red flags that indicate that opioids may not be helpful in the chronic phase and have not been shown to be successful with opioid treatment. The dosage of opioid medications being prescribed is also above the MTUS recommended guideline of 120 mg oral morphine equivalents per day. Finally, there is inconsistency within the submitted documentation with respect to what opiates the IW is prescribed, what the IW is actually taking, the benefits of these treatments. With the inconsistencies in the records and the non-adherence to MTUS guidelines, the request for authorization of OxyContin 30 mg, quantity of 90 is not medically necessary.

**Oxycontin 80mg, quantity: 30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Weaning of Medications.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Opioids, ongoing management Opioids, dosing Page(s): 76, 78, 86.

**Decision rationale:** As per CA Medical Treatment Utilization Schedule (MTUS) guidelines long term usage of opioids is discouraged unless there is "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. In addition, as per CA MTUS guidelines one of the red flags that indicate that opioids may not be helpful in the chronic phase is if the injured worker was given a diagnosis of "pain disorder associated with psychological factors (such as anxiety and depression)." MTUS further recommends that "dosing not exceed 120 mg oral morphine equivalents per day, and for patients taking more than one opioid, the morphine equivalent doses of the different opioids must be added together to determine the cumulative dose." The documentation submitted showed no significant improvement in pain or functional status with the use of OxyContin. The injured worker had been prescribed this medication since at least 2011. The most recent progress notes show that the injured worker was experiencing an increase in pain despite OxyContin use and was continuing to experience difficulty with performing activities of daily living. In addition, a progress note from 01/08/2015 showed that the injured worker had exceeded the prescribed dosage of OxyContin. There are no recent urine drug screen results to indicate monitoring for potential misuse or dependence as per MTUS guidelines and the injured worker also has a documented history of opioid dependence. Also, as per the documentation submitted, the injured worker has a diagnosis of psychological factors affecting chronic pain condition and depression. As per CA MTUS guidelines, these diagnoses are red flags that indicate that opioids may not be helpful in the chronic phase and have not been shown to be successful with opioid treatment. The dosage of opioid medications being prescribed is also above the MTUS recommended guideline of 120 mg oral morphine equivalents per day. Finally, there is inconsistency within the submitted documentation with respect to what opiates the IW is prescribed, what the IW is actually taking, the benefits of these treatments. With the inconsistencies in the records and the non-adherence to MTUS guidelines, the request for authorization of OxyContin 80 mg, quantity of 30 is not medically necessary.