

Case Number:	CM15-0120654		
Date Assigned:	07/01/2015	Date of Injury:	04/14/2004
Decision Date:	09/03/2015	UR Denial Date:	05/22/2015
Priority:	Standard	Application Received:	06/22/2015

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: Anesthesiology

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 33 year old female, who sustained an industrial injury on April 14, 2004. The mechanism of injury was not provided. The injured worker has been treated for left shoulder and left arm complaints. The diagnoses have included other affections of the shoulder region not elsewhere classified, pain in the wrist and forearm, carpal tunnel syndrome, myofascial pain syndrome/fibromyalgia, cervical pain/cervicalgia and long-term current drug use. Documented treatment and evaluation to date has included medications, radiological studies, electrodiagnostic studies, urine drug screen and carpal tunnel release surgery. The injured worker was noted to be working full duty. Current documentation dated April 27, 2015 notes that the injured worker was doing well and performing her work at full duty. The relief the injured worker experienced from her current medications allowed her to care for herself, perform activities of daily living and to perform her regular job. The injured worker reported left shoulder pain and left arm pain rated a 5/10 on the visual analogue scale with medications. Examination of the left upper extremity revealed tenderness to palpation and a decreased and painful range of motion. The treating physicians plan of care included continuation of medications and for the injured worker to continue her regular work. The treating physician's plan of care included a request for OxyContin ER 10 mg # 120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin ER 10mg #120: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 91-97. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Opioids.

Decision rationale: According to the ODG and MTUS, Oxycodone (Oxycontin ER) is a long-acting opioid analgesic. Opioid drugs are available in various dosage forms and strengths. They are considered the most powerful class of analgesics. According to the ODG, chronic pain can have a mixed physiologic etiology of both that may be used to manage both acute and chronic pain. These medications are generally classified according to potency and duration of dosage. The treatment of chronic pain with any opioid analgesic requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. A pain assessment should include current pain, intensity of pain after taking the opiate, and the duration of pain relief. In this case, there is insufficient evidence that the opioids were prescribed according to the CA MTUS guidelines, which recommend prescribing according to function, with specific functional goals, return to work, random drug testing, an opioid contract, and documentation of a prior failure of non-opioid therapy. There is no documentation of significant pain relief or increased function from the opioids used to date. Medical necessity of the requested medication has not been established. Of note, discontinuation of an opioid analgesic should include a taper to avoid withdrawal symptoms. The requested medication is not medically necessary.