

Case Number:	CM15-0126254		
Date Assigned:	07/10/2015	Date of Injury:	04/19/2002
Decision Date:	09/04/2015	UR Denial Date:	06/25/2015
Priority:	Standard	Application Received:	06/30/2015

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 74 year old male injured worker suffered an industrial injury on 4/19/2002. The diagnoses included chronic regional pain syndrome of the left upper extremity, myofascial pain, and adhesive capsulitis of the shoulder. The diagnostics included right shoulder magnetic resonance imaging. The injured worker had been treated with medications. On 3/20/2015 the injured worker had an injury to the left shoulder that felt just like when he tore the rotator cuff last time. On 5/19/2015 the treating provider reported that without medications the pain was 10/10 and 5 to 8/10 with medications. The injured worker reported that the benefit of chronic pain medications regime, activity restriction and rest continue to keep pain within a manageable level to allow him to complete necessary activities of daily living. On exam the left shoulder had restricted range of motion with tenderness. The orthopedic consult for the left shoulder on 5/20/2015 the provider noted there was left shoulder pain and weakness that notably increased about 2 months prior when he strained his shoulder. On exam there was tenderness with restricted range of motion and positive impingement syndrome. The orthopedics diagnosis was complete tear of the left rotator cuff tendon with profound weakness and limitation. He requested magnetic resonance imaging with discussion of orthopedic goals, options and surgery limitations with risks. The injured worker had not returned to work. The treatment plan included Oxycontin 10mg #90 and Oxycodone IR 5mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 10mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: MTUS discourages long term usage unless there is evidence of "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." The documentation needs to contain assessments of analgesia, activities of daily living, adverse effects and aberrant drug taking behavior. The documentation provided included pain levels for the left shoulder. There was no evidence of aberrant drug use risk assessment, no description of improved functional improvement and no side effect assessment. The pain assessment did not include the least pain reported pain over the period since last assessment, how long it takes for pain relief and how long it lasted. Although there was a new injury reported, the criteria for opioids were not met. Oxycontin is not medically necessary.

Oxycodone IR 5mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 74-96.

Decision rationale: MTUS discourages long term usage unless there is evidence of "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." The documentation needs to contain assessments of analgesia, activities of daily living, adverse effects and aberrant drug taking behavior. The documentation provided included pain levels for the left shoulder. There was no evidence of aberrant drug use risk assessment, no description of improved functional improvement and no side effect assessment. The pain assessment did not include the least pain reported pain over the period since last assessment, how long it takes for pain relief and how long it lasted. Although there was a new injury reported, the criteria for opioids were not met. Oxycodone IR is not medically necessary.

