

Case Number:	CM15-0129238		
Date Assigned:	08/11/2015	Date of Injury:	07/26/2004
Decision Date:	09/24/2015	UR Denial Date:	06/04/2015
Priority:	Standard	Application Received:	07/07/2015

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

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 59-year-old male, who sustained an industrial injury on July 26, 2004. He reported a low back injury. The injured worker was diagnosed as having chronic right knee pain, compensatory left knee pain, lumbar strain with bilateral radiculitis - left greater than right, cervical strain with recent left cervical radiculitis and paresthesia of the left hand, cervicogenic headaches, left shoulder strain with rotator cuff tear, stable right shoulder strain, and depression, anxiety, and insomnia due to chronic pain. He is status post right knee total knee replacement surgery followed by a repeat arthroscopy with manipulation under anesthesia in 2008 and status post left shoulder arthroscopic and open rotator cuff repair in 2008. Diagnostic studies to date have included MRIs, x-rays, electro diagnostic studies, and urine drug screening. Treatment to date has included chiropractic therapy, off work, a cane, a transcutaneous electrical nerve stimulation (TENS) unit, a sling, and medications including short-acting opioid analgesic, long- acting opioid analgesic, and anti-anxiety. Other noted dates of injury documented in the medical record include December 19, 1999, 2002, and October 13, 2007. Comorbid diagnoses included history of chronic obstructive pulmonary disease and asthma. On May 12, 2015, the injured worker reported continued cervical spine pain of 6 out of 10, left greater than right bilateral shoulder pain of 6 out of 10, bilateral knee pain of 3 out of 10, and lumbar spine pain of 8 out of 10. He continued to use TENS unit and knee brace with posterior results. His work status is modified, which includes no lifting, pushing or pulling greater than 5 pounds; avoid work at or above shoulder level of the left shoulder; no frequent forceful work with the left hand, no kneeling, squatting, crouching, and crawling except for rarely; no climbing ladders, may rarely climb stairs, no standing more than 5 minutes per 60 minutes, no walking more than 10 minutes per 60 minutes, no sitting more than 30 minutes per 60 minutes, alternate sitting with standing and walking whenever needed, no work

at unprotected work heights, and no work around hazards. The treating physician noted the injured worker was permanently totally disabled based on his work restrictions and chronic severe pain. The treatment plan includes Oxycontin 20 mg daily as needed breakthrough pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 20mg #10: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain CRITERIA FOR USE OF OPIOIDS Page(s): 60, 61, 76-78, 88, 89.

Decision rationale: The patient presents on 07/23/15 with bilateral hip and bilateral knee pain rated 7-8/10, bilateral shoulder pain rated 7/10 (left greater than right), cervical spine pain rated 8-9/10, and lumbar spine pain rated 8-9/10. The patient's date of injury is 07/26/04. Patient is status post right total knee replacement, and status post left shoulder arthroscopic rotator cuff repair in 2008. The request is for OXYCONTIN 20MG #10. The RFA is dated 07/24/15. Physical examination dated 07/23/15 reveals a guarded left upper extremity with reduced left shoulder range of motion in all planes, slight swelling and tenderness to palpation over the right medial joint line and patellar region of the bilateral knees. The provider also notes tenderness to palpation of the cervical and lumbar spines with spasms noted bilaterally, and positive straight leg raise test on the left. The patient is currently prescribed Oxycontin and Xanax. Patient is currently classified as permanently and totally disabled. MTUS Guidelines Criteria for Use of Opioids (Long-Term Users of Opioids) Section, Pages 88-89 states: Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 under Criteria For Use of Opioids - Therapeutic Trial of Opioids, also requires documentation of the 4As -analgesia, ADLs, adverse side effects, and adverse behavior-, as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In regard to the continuation of Oxycontin for the management of this patient's chronic pain, the request is not supported per MTUS. Guidelines require documentation of analgesia via a validated scale attributed to medications, activity-specific functional improvements, consistent urine drug screening, and a stated lack of aberrant behavior. Per progress note dated 07/23/15 the provider does include documentation of a 30-50% reduction in pain attributed to opioid medications, several activity-specific functional improvements, consistent urine drug screening, and a stated lack of aberrant behavior. In this case, the MTUS documentation criteria have been satisfied. However, MTUS p80, 81 also states the following regarding narcotics for chronic pain: "Appears to be efficacious but limited for short-term pain relief and long-term efficacy is unclear (>16 weeks), but also appears limited." Long-term use of opiates may be indicated for nociceptive pain per MTUS, stating, "Recommended as the standard of care for treatment of moderate or severe nociceptive pain (defined as pain that is presumed to be maintained by continual injury with the most

common example being pain secondary to cancer)." This patient has been prescribed narcotic medication long-term, since at least 01/20/15. Without evidence of an existing condition, which could cause nociceptive pain, continuation of this medication cannot be substantiated and the patient should be weaned. The request IS NOT medically necessary.