

Case Number:	CM15-0170804		
Date Assigned:	09/11/2015	Date of Injury:	12/06/2007
Decision Date:	10/16/2015	UR Denial Date:	08/28/2015
Priority:	Standard	Application Received:	08/31/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 12-6-07. Initial complaint was of an industrial injury to the left arm. The injured worker was diagnosed as having chronic pain syndrome; displacement of cervical intervertebral disc without myelopathy; adhesive capsulitis left shoulder; left rotator cuff dysfunction; cervical brachial syndrome; mood adjustment disorder. Treatment to date has included physical therapy; medications. Currently, The PR-2 dated 7-14-15 indicated the injured worker describes his pain as sharp, aching, and severe rating it as 5 out of 10 at its worst in the past week and at its best 4 out of 10. It is exacerbated by cold and is relieved by heat and medicines. The symptoms are associated with fatigue, swelling, locking and weakness. On this visit, the provider documents Oxycodone 80mg 1 every morning; Oxycodone 60mg 1 tab every 8 hours and Oxycodone Hcl 30mg every 4 hours PRN. He documents the injured workers functional status and quality of life with walking and sitting 4 out of 10, getting out of a chair and off the toilet as well as sexual activity is rated 5 out of 10; chores-housework 6 out of 10; personal care and leisure activities and driving 3 out of 10 and work 10 out of 10. He has had three surgeries on his left shoulder 92008, 2010 and 2011; however, his primary problem is that of a permanent injury with paralysis to the long thoracic nerve. The surgical procedures were unsuccessful in preserving the function of the left shoulder including range of motion due to severed long thoracic nerves which affects his mobility. On physical examination of his shoulder, he has restricted range of motion. He notes paresthesias to light touch noted in the digits 1-2 on the right. Shoulder apprehension test is positive on the left. The PR-2 note dated 5-12-15 describes the injured worker was in the office for sharp,

worsening, achy pain across the left side of his neck, down to his shoulders, forearms, wrist and fingers. It is a worsening 5 out of 10 pain and it has been frequent to constant with any bending of the head, and neck, pushing, pulling, reaching at and above the shoulder level, lifting, and sexual activity. He reports there is numbness, tingling and weakness going to the forearms, wrists and fingers, more so on the left than right. Medications have been helpful and effective for him. The provider documents he had previously put him on oxycodone for breakthrough, 15mg. It was not helpful or effective and it was bumped up to 30mg and then back down to 15mg. he felt that 30mg tablet was effective in terms of giving him rescue analgesia and he was able to function much more effectively. The goal was to reduce his pain level by 40% and maximize function with oxycodone 30mg on this visit. The PR-2 notes dated 3-21-15 indicated the injured worker was taking Oxycodone 80mg 1 every morning; Oxycodone 60mg 1 tab every 8 hours and Oxycodone Hcl 15mg every 4 hours PRN. The provider discontinued Celebrex, Cymbalta, Diazepam, Lyrica and Omeprazole as the injured worker was no longer taking these medications. The provider notes he is able to tolerate pain levels and adequate enough to allow for comfort for sleep and activities of daily living. Per the medical documentation submitted, oxycodone in various milligrams and quantity has been part of this injured worker's medical regime since 2013 with varying degrees of benefit. A Request for Authorization is dated 8-31-15. A Utilization Review letter is dated 8-28-15 and modified-certification was for Oxycontin 60mg #60 to a quantity of 16 and Oxycontin 80mg # 90 to a quantity of 43. These were authorized at this Utilization Review: Pain Management second opinion and Lyrica 225mg #180. The medications in question were modified in a prior Utilization Review dated 6-16-15 for weaning. This Utilization Review documents the medical does not adequately document a clinically significant improvement in activities of daily living or reduction in work restrictions as measured during the history and physical exam from opioid use. The documentation does not adequately document a reduction in the dependency on continued medical treatment from opioid use or functional benefit from opioid therapy. The requested medications were modified by 10% to allow for continued weaning per MTUS weaning guidelines. The provider is requesting authorization of Oxycontin 60mg #60 and Oxycontin 80mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 60mg Qty: 60.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

Decision rationale: Per MTUS Chronic Pain Medical Treatment Guidelines p 78 regarding on- going management of opioids "Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: Pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug related behaviors. These domains have been summarized as the "4 A's" (Analgesia, activities of daily living, adverse side effects, and any aberrant drug-taking behaviors). The monitoring

of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." Per progress report dated 3/31/15 it was noted that the injured worker was using Oxycontin 60mg, Oxycontin 80mg and oxycodone for pain control. It was noted "With this new pain medication regimen the patient has been able to tolerate her pain levels and adequate enough to allow for comfort for sleep. Patient does note he sleeps approximately 3 hours before waking up due to pain interruption which last for approximately one hour. Patient also has adequate pain control throughout the day to complete activities of daily living such as walking cooking cleaning self-grooming." However, efforts to rule out aberrant behavior (e.g. CURES report, UDS, opiate agreement) are necessary to assure safe usage and establish medical necessity. There is no documentation comprehensively addressing this concern in the records available for my review. Absent documentation assuring appropriate usage, medical necessity cannot be affirmed.

Oxycontin 80mg Qty: 90.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

Decision rationale: Per MTUS Chronic Pain Medical Treatment Guidelines p 78 regarding ongoing management of opioids, "Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: Pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug related behaviors. These domains have been summarized as the "4 A's" (Analgesia, activities of daily living, adverse side effects, and any aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." Per progress report dated 3/31/15 it was noted that the injured worker was using Oxycontin 60mg, Oxycontin 80mg and oxycodone for pain control. It was noted "With this new pain medication regimen the patient has been able to tolerate her pain levels and adequate enough to allow for comfort for sleep. Patient does note he sleeps approximately 3 hours before waking up due to pain interruption which last for approximately one hour. Patient also has adequate pain control throughout the day to complete activities of daily living such as walking cooking cleaning self-grooming." However, efforts to rule out aberrant behavior (e.g. CURES report, UDS, opiate agreement) are necessary to assure safe usage and establish medical necessity. There is no documentation comprehensively addressing this concern in the records available for my review. Absent documentation assuring appropriate usage, medical necessity cannot be affirmed.