

Case Number:	CM15-0092342		
Date Assigned:	05/18/2015	Date of Injury:	07/17/2012
Decision Date:	06/18/2015	UR Denial Date:	05/04/2015
Priority:	Standard	Application Received:	05/13/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 58 year old male, who sustained an industrial injury on July 17, 2012. The injured worker was diagnosed as having chronic pain syndrome, right shoulder pain, status post rotator cuff repair, right shoulder stiffness and numbness and tingling. Treatment to date has included physical therapy, surgery and medication. A progress note dated April 21, 2015 the injured worker complains of right shoulder and arm pain with numbness and pins and needles in the arms. He rates the pain 6-7/10 without medication and 4-5/10 with medication. Re reports if taking 1 ½ Norco he has 20% relief for 1 ½ hours and then he struggles with pain until his next dose. Ultram ER is ineffective. Physical exam notes shoulder tenderness on palpation with trigger points. There is positive Spurling's and decreased range of motion (ROM). The plan includes Oxycontin, Norco, lab work and trigger point injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin ER 20mg BID #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to discontinue/Continue Opioids, Opioids criteria for use, Opioids for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, p76-80 (2) Opioids, dosing, p86.

Decision rationale: The claimant sustained a work-related injury in July 2012 and continues to be treated for chronic pain. When seen, medications included Ultram ER, which was not effective. Norco was being taken with decreased pain from 5-7/10 to 4-5/10. Physical examination findings are documented as including right levator scapular tenderness with "severe trigger points as defined by MTUS". OxyContin and Norco were prescribed at a total MED (morphine equivalent dose) of 90 mg per day. Authorization for trigger point injections was requested. OxyContin is a sustained release formulation and would be used to treat baseline pain which is present in this case. It was being prescribed as part of the claimant's ongoing management when there was inadequate pain relief from Ultram ER. The total MED (morphine equivalent dose) was less than 120 mg per day consistent with guideline recommendations. Therefore, the prescribing of OxyContin was medically necessary.

Trigger point injections (TPI's) right scapular area and upper trapezius (6): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger point injections.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger point injections Page(s): 122.

Decision rationale: The claimant sustained a work-related injury in July 2012 and continues to be treated for chronic pain. When seen, medications included Ultram ER, which was not effective. Norco was being taken with decreased pain from 5-7/10 to 4-5/10. Physical examination findings are documented as including right levator scapular tenderness with "severe trigger points as defined by MTUS". OxyContin and Norco were prescribed at a total MED (morphine equivalent dose) of 90 mg per day. Authorization for trigger point injections was requested. Criteria for a trigger point injection include documentation of the presence of a twitch response as well as referred pain based on clinical examination findings. In this case, the presence of a twitch response with referred pain is not documented and therefore a trigger point injection was not medically necessary.