

Case Number:	CM13-0032240		
Date Assigned:	12/04/2013	Date of Injury:	10/29/1993
Decision Date:	04/17/2014	UR Denial Date:	09/05/2013
Priority:	Standard	Application Received:	10/07/2013

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Ohio. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 61-year-old male who reported an injury on 10/29/2003. The mechanism of injury was not stated. The patient is currently diagnosed with elbow pain and extremity pain. The patient was seen by [REDACTED] on 01/08/2014. The patient reported persistent bilateral shoulder pains with poor sleep quality and activity limitation. Physical examination revealed restricted range of motion, swelling in the left upper extremity, positive Hawkins testing and positive empty can testing with diminished strength. Treatment recommendations included continuation of current medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

OXYCONTIN 60MG TIMES 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

Decision rationale: The California MTUS Guidelines state that a therapeutic trial of opioids should not be employed until the patient has failed a trial of nonopioid analgesics. Ongoing

review and documentation of pain relief, functional status, appropriate medication use and side effects should occur. As per the documentation submitted, the patient has continuously utilized this medication. Despite ongoing use, the patient has continuously reported high levels of pain. There is no documentation of a satisfactory response to treatment. Therefore, the continuation of this medication cannot be determined as medically appropriate. As such, the request is non-certified.

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