

<b>Case Number:</b>	CM13-0051178		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	08/11/2008
<b>Decision Date:</b>	10/24/2014	<b>UR Denial Date:</b>	10/01/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/25/2013

### 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 and Rehabilitation and is licensed to practice in Illinois. 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 injured worker is a 61-year-old male who reported an injury on 08/11/2008. The mechanism of injury was not provided. Diagnoses included impingement syndrome. Past treatments included physical therapy and medications. Pertinent diagnostic testing was not provided. Surgical history included a shoulder Mumford procedure and labral repair on 04/10/2013. The most recent clinical note dated 09/23/2013 indicated the injured worker complained of pain to the right shoulder that had been relatively unchanged. The physical exam revealed mild swelling across the trapezius muscle, abduction of 160 degrees and internal rotation 40 degrees. Current medications on 09/23/2013 were Terocin patch, Protonix 20 mg, Docuprene 100 mg, and Oxycodone 5 mg. The treatment plan included Oxycodone 5 mg #30. The rationale for the treatment plan was pain control. The Request for Authorization form was completed on 09/24/2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Oxycodone 5 MG, #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): 78.

**Decision rationale:** The request for oxycodone 5 mg, #30 is not medically necessary. The California MTUS Guidelines indicate that four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids, including pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug related 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. The most recent clinical note, dated 09/23/2013, indicated the injured worker complained of right shoulder pain that was relatively unchanged. He had been taking the requested medication since at least 08/22/2013. There is a lack of any recent clinical documentation, including subjective complaints, physical exam findings, quantified pain, and functional deficits. Additionally, there is a lack of any potentially nonadherent drug related behaviors through the use of urine drug screens. The request also does not indicate the frequency for taking the medication. Without any recent clinical documentation, the request cannot be supported at this time. Therefore, the request for oxycodone 5 mg, #30 is not medically necessary.