

<b>Case Number:</b>	CM13-0051713		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	01/02/2012
<b>Decision Date:</b>	03/11/2014	<b>UR Denial Date:</b>	10/30/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/14/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Texas and Oklahoma. 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 physician 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 42-year-old male who reported an injury on 01/02/2012. The mechanism of injury information was not provided in the medical record. Review of the medical record revealed that the patient's diagnoses included left shoulder pain, lumbar radiculopathy, lumbar degenerative disc disease and low back pain. The most recent clinical note dated 12/12/2013 revealed that the patient was status post an epidural steroid injection and reported more than 50% improvement in pain. The physician discussed the possibility of decreasing the pain medication, but the patient stated that he still needed the use of the pain medication. The most recent urine tox screen revealed that the patient was positive for hydrocodone, which he did not have a prescription for. The patient does have a current narcotic agreement and should only be positive for oxycodone and Lyrica. The patient came to his appointment wearing a shoulder appliance or a brace and complained of pain with any type of movement of the left shoulder. He stated that he had significant pain in his shoulder, even though he had good results with respect to his pain level with the epidural steroid injection. Objective findings upon examination revealed decreased range of motion of the left shoulder. Motor examination of the muscle groups of the upper extremities was rated as 5/5 bilaterally to all muscle groups. Sensory examination was normal in all dermatomes of the upper bilateral extremities. There was noted tenderness to palpation over the anterior and lateral aspects of the left shoulder. Soft tissue palpation of the radial styloid, ulnar styloid, thenar, medial and lateral epicondyle regions was non-tender and not swollen with no areas of discoloration. There was noted decreased range of motion bilaterally to the thoracolumbar spine. Straight leg raise testing was mildly positive at 40 degrees bilaterally. The patient's gait was mildly antalgic. There was noted mild tenderness to palpation of the lumbar paraspinal muscles.

## **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Oxy IR 30mg Qty # 180 with 2 refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

**Decision rationale:** According to California MTUS Guidelines, it is stated that with ongoing management of pain with the use of opioids, there should be ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. This satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or improved quality of life. As there is no documentation of significant functional gains or improved quality of life or a decrease in the patient's complaints of pain with the use of the requested medication, the medical necessity for further use cannot be determined at this time. Therefore, the request for OxyIR 30 mg 180 tablets with 2 refills is non-certified.