

<b>Case Number:</b>	CM14-0100827		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	04/11/2005
<b>Decision Date:</b>	12/17/2014	<b>UR Denial Date:</b>	06/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/30/2014

### 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 Geriatrics and is licensed to practice in New York. 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 54 year old man with a date of injury of 4/11/05. The most recent note in the chart is from August 2011. He is status post right shoulder surgery but details were unknown. His exam focused only on the right shoulder and showed a well healed lateral incision with no atrophy. Range of motion was 175 degree flexion and abduction, 65 degree external rotation and 50 degree internal rotation and 45 degree horizontal abduction. Reflexes, motor and sensory exams were normal in the right upper extremity. He had normal strength. Radiographs of the cervical spine were normal. The right shoulder showed what appeared to be arthroscopic subacromial decompression with no arthritic changes. The diagnostic impression was status post arthroscopic subacromial decompression and rotator cuff repair, right shoulder. He was deemed able to work with his right shoulder without restrictions. At issue in this review is the denial of the medication Oxycodone hcl-acetaminophen 325mg Qty 50 on 6/6/14. Length of prior prescription is not documented.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Oxycodone hcl-acetaminophen 325mg Qty 50:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disabilities Guidelines

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-80.

**Decision rationale:** This injured worker has undergone right shoulder surgery for an injury sustained in 2005. There are no recent notes from his providers to justify rationale for opioids at this point in his course. Per guidelines, ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects are required in opioid use. Satisfactory response to treatment may be reflected in decreased pain, increased level of function or improved quality of life. The notes fail to document any discussion of efficacy, functional status or side effects to justify use. The medical necessity of oxycodone/acetaminophen is not substantiated in the available records.