

<b>Case Number:</b>	CM14-0108996		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	11/14/2008
<b>Decision Date:</b>	10/31/2014	<b>UR Denial Date:</b>	06/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/14/2014

### 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 Occupational Medicine and is licensed to practice in California. 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:

This is a 63-year-old female with a 11/14/08 date of injury. The mechanism of injury occurred as a result of lifting. According to a progress report dated 5/28/14, the patient complained of pain and weakness of her shoulders. She stated that the discomfort has not changed with time, she described the level as being severe in nature and noted that the symptoms increase with increased activity. Objective findings: tenderness at the AC joint, rotator cuff, and deltoid muscle insertion; negative apprehension sign, scapular dystonia positive on exam, positive impingement sign, painful range of motion. Diagnostic impression: rotator cuff tendonitis, degenerative joint disease-acromioclavicular joint, impingement syndrome, adhesive capsulitis. Treatment to date: medication management, activity modification. A UR decision dated 6/23/14 denied the requests for Oxycodone and Hydrocodone. The documentation does not identify quantifiable pain relief and functional improvement, appropriate medication use, and lack of aberrant behaviors, and intolerable side effects.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Oxycodone 30mg #90 DOS: 06/06/2014:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Page(s): 92.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-81.

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In the reports reviewed, there is no documentation of significant pain reduction or improved activities of daily living. Guidelines do not support the continued use of opioid medications without documentation of functional improvement. In addition, there is no documentation of lack of aberrant behavior or adverse side effects, an opioid pain contract, urine drug screen, or CURES monitoring. Therefore, the request for Oxycodone 30mg #90 DOS: 06/06/2014 was not medically necessary.

**Hydrocodone (Non-Specified Dosage) DOS: 06/06/2014:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Page(s): 91.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-81.

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In the reports reviewed, there is no documentation of significant pain reduction or improved activities of daily living. Guidelines do not support the continued use of opioid medications without documentation of functional improvement. In addition, there is no documentation of lack of aberrant behavior or adverse side effects, an opioid pain contract, urine drug screen, or CURES monitoring. Furthermore, the strength of the medication being requested is not noted. Therefore, the request for Hydrocodone (Non-Specified Dosage) DOS: 06/06/2014 was not medically necessary.