

<b>Case Number:</b>	CM14-0127949		
<b>Date Assigned:</b>	09/23/2014	<b>Date of Injury:</b>	10/29/2012
<b>Decision Date:</b>	12/03/2014	<b>UR Denial Date:</b>	07/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/11/2014

### 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 Internal Medicine & Emergency Medicine and is licensed to practice in Florida. 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 patient is a 50 year-old with a date of injury of 10/29/12. The most recent progress report included with the appeal, dated 05/27/14, only listed a diagnosis of rotator cuff sprain. A progress report date 03/19/14 identified subjective complaints of left shoulder pain. Objective findings included pain over the shoulder and high riding. Diagnoses (paraphrased) included a previous rotator cuff repair and frozen shoulder. Treatment had included injections, physical therapy, and medications including an NSAID. A Utilization Review determination was rendered on 07/24/14 recommending non-certification of "Oxycodone; Vicodin; and Tylenol with Codeine".

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Oxycodone:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

**Decision rationale:** The patient is on oxycodone. This is classified as an opioid analgesic. The California Medical Treatment Utilization Schedule (MTUS) Guidelines related to on-going

treatment of opioids state that there should be documentation and ongoing review of pain relief, functional status, appropriate use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. A recent epidemiologic study found that opioid treatment for chronic non-malignant pain did not seem to fulfill any of the key outcome goals including pain relief, improved quality of life, and/or improved functional capacity (Eriksen 2006). In this case, there is no description of the level of pain, or documentation of the other elements of the pain assessment referenced above. Also, the strength, frequency and duration (quantity) of the drug was not specified in the RFA. Therefore, there is no medical necessity for oxycodone.

**Vicodin:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional Improvement Measures; Opioids Page(s): 48, 74-96.

**Decision rationale:** Vicodin consists of hydrocodone, an opioid analgesic, in combination with acetaminophen. The California Medical Treatment Utilization Schedule (MTUS) Guidelines related to on-going treatment of opioids state that there should be documentation and ongoing review of pain relief, functional status, appropriate use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. A recent epidemiologic study found that opioid treatment for chronic non-malignant pain did not seem to fulfill any of the key outcome goals including pain relief, improved quality of life, and/or improved functional capacity (Eriksen 2006). In this case, there is no description of the level of pain, or documentation of the other elements of the pain assessment referenced above. Also, the strength, frequency and duration (quantity) of the drug was not specified in the RFA. Therefore, there is no medical necessity for Vicodin.

**Tylenol with Codeine:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

**Decision rationale:** Tylenol with codeine is a combination of the opioid codeine and acetaminophen. The California Medical Treatment Utilization Schedule (MTUS) Guidelines related to on-going treatment of opioids state that there should be documentation and ongoing review of pain relief, functional status, appropriate use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain

relief lasts. A recent epidemiologic study found that opioid treatment for chronic non-malignant pain did not seem to fulfill any of the key outcome goals including pain relief, improved quality of life, and/or improved functional capacity (Eriksen 2006). In this case, there is no description of the level of pain, or documentation of the other elements of the pain assessment referenced above. Also, the strength, frequency and duration (quantity) of the drug was not specified in the RFA. Therefore, there is no medical necessity for Tylenol with codeine.