

Case Number:	CM14-0139100		
Date Assigned:	09/05/2014	Date of Injury:	09/19/1999
Decision Date:	10/09/2014	UR Denial Date:	08/21/2014
Priority:	Standard	Application Received:	08/27/2014

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 Physical Medicine & Rehabilitation and is licensed to practice in Texas and Ohio. 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 56 year-old male who reported a work related injury on 09/19/1999. The mechanism of injury was not provided for review. The injured worker's diagnoses consist of right hip sprain/strain, left ankle sprain/strain, status post cervical discectomy and fusion, and status post left shoulder rotator cuff repair. The past treatment has included medication and physical therapy. Upon examination on 08/14/2014, the injured worker complained of increased pain to his left shoulder region that he rated as a 7/10. He also stated his shoulder pain had been exacerbated by prolonged driving activities. The injured worker also complained of increased pain to his right hip which was exacerbated by prolonged standing/walking activities, which he rated as a 7.5/10. He also complained of persistent pain to his neck region with radiating pain to his left shoulder and upper extremity region. He stated his pain was exacerbated by his daily activities. Tenderness was noted over the posterior cervical paraspinal and upper trapezius muscle regions, with muscle spasms and myofascial trigger points on the left. Increased shoulder pain was also noted upon the extremes of flexion and abduction to his left shoulder. The prescribed medications include Oxycodone, Ranitidine, Flexeril, Lipitor, Lisinopril, Aspirin, and Viagra. The treatment plan was to continue current medications and an MRI of the left hip. The rationale and request for authorization form were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone 30mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids criteria for use Page(s): 76.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 78.

Decision rationale: The request for Oxycodone 30mg #120 is not medically necessary. The California MTUS recommends ongoing review and documentation of pain relief, functional status, appropriate medication 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. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The documentation does not provide evidence of significant pain relief and functional improvement as a result of continued opioid use. The injured worker complained of increased pain to his left shoulder region that he rated as a 7/10 on a visual analog scale (VAS) for pain scale. The injured worker also complained of increased pain to his right hip which was exacerbated by prolonged standing/walking activities, which he rated as a 7.5/10. The clinical information provided does not specify that this pain level is with or without the use of the opioid. To accurately determine whether the continuation of Oxycodone is medically necessary, documentation specifying significant pain relief, objective functional improvements, appropriate medication use, and side effects should be present. Therefore, the request for Oxycodone 30mg #120 is not medically necessary.