

<b>Case Number:</b>	CM14-0153092		
<b>Date Assigned:</b>	09/23/2014	<b>Date of Injury:</b>	09/12/2013
<b>Decision Date:</b>	10/24/2014	<b>UR Denial Date:</b>	09/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/19/2014

### 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, has a subspecialty in Pain 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:

The injured worker is a 45-year-old female who reported an injury on 09/12/2013 due to a slip and fall. The injured worker reportedly sustained an injury to her right shoulder. The injured worker was conservatively treated with physical therapy, and medications. The injured worker was evaluated on 08/18/2014. It was documented that the injured worker had persistent pain interfering with her ability to complete activities of daily living (ADLs) and sleep through the night. Physical findings of the right shoulder included range of motion described as 115 degrees in elevation, 60 degrees in abduction, 20 degrees in external rotation and internal rotation to her buttocks. The injured worker's diagnosis included right shoulder adhesive capsulitis. A request was made for capsular release versus arthroscopic surgical intervention. It was noted that post surgically the patient would need physical therapy. A request was made for OxyContin 10 mg 1 tablet by mouth twice a day as needed for pain #28. However, no justification for the request was provided. No request for authorization form was submitted to support the request.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Oxycontin 10mg 1 Tablet PO BID PRN Pain #28:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (updated 07/10/14).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Initiating Therapy, Page(s): 77.

**Decision rationale:** The California Medical Treatment Utilization Schedule recommends the initiation of opioids when the patient has exhausted all first line medications. The clinical documentation does not provide an adequate history of the patient's medications to support that they have failed to respond to first line medications to include anticonvulsants and antidepressants. The injured worker's most recent clinical documentation does indicate that the injured worker's treatment plan included surgery. However, there is no clear indication that this medication is being requested to treat postsurgical pain. Furthermore, there is no indication that the surgical request has been authorized or that surgery is scheduled. Therefore, postsurgical management would not be supported. As such, the requested OxyContin 10 mg 1 tablet twice a day as needed for pain #28 is not medically necessary or appropriate.