

Case Number:	CM14-0163883		
Date Assigned:	10/08/2014	Date of Injury:	01/28/2013
Decision Date:	11/19/2014	UR Denial Date:	09/03/2014
Priority:	Standard	Application Received:	10/06/2014

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:

Patient is a 57 year-old female with date of injury 01/28/2013. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 08/19/2014, lists subjective complaints as pain in the left shoulder with radicular pain extending down the left arm into the hand. Objective findings: Examination of the left shoulder revealed range of motion to forward flexion was 90 degrees, abduction was 100 degrees, external rotation was 50 degrees and internal rotation was 60 degrees. Tenderness to palpation was noted over the shoulder. Normal bulk and tone over all upper extremity muscle groups with no atrophy. Grossly intact to light touch throughout the upper extremities but there was diminished sensation in the left C6, C7 and C8 dermatomes. Reflexes were symmetric and 1+/4. Diagnosis: 1. Low back pain 2. Neck pain 3. Shoulder pain, left. The medical records supplied for review document that the patient has been taking the following medication for at least as far back as one year. Medications: 1. Oxycodone 5mg, #90 SIG: TID.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone 5mg TID #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-94.

Decision rationale: A previous utilization review decision provided the patient with sufficient quantity of medication to be weaned slowly off of narcotic. The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. Despite the long-term use of Oxycodone, the patient has reported very little functional improvement over the course of the last year.