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| Case Number: | CM14-0165853 | | |
| Date Assigned: | 10/10/2014 | Date of Injury: | 03/09/2008 |
| Decision Date: | 11/19/2014 | UR Denial Date: | 09/26/2014 |
| Priority: | Standard | Application Received: | 10/08/2014 |

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 Orthopedic Surgery 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 case involves a 52-year-old male injured worker with an industrial injury dated 03/09/08. The patient is status post a right rotator cuff repair as of 06/16/14. Exam note 08/25/14 states the patient returns with progress due to the physical therapy sessions after the rotator cuff repair. The patient states he still has a chief complaint of right shoulder pain and difficulty raising his arm to shoulder level. The pain radiates to the base of the neck with an intermittent burning sensation and the patient rates the pain a 2/10 at rest. The patient states he has increasing right anterior knee pain causing a sensation of weakness in the right thigh in which is associated with intermittent swelling. Additionally, the patient states he has pain over the right medial elbow radiating to the forearm as well as lower backache and stiffness with pain radiating down the lower extremities with paresthesias. Current medications include Oxycontin, Oxycodone, Lyrica, Zoloft, Zantac, and Hydroxyzine. Upon physical exam there was mild atrophy of the right deltoid and pectoralis major compared to the contralateral side was noted. Also, there was tenderness over the anterior and posterior joint line of the right shoulder with crepitus over the acromioclavicular joint. The right shoulder had a motor strength of 3+ to 4+/5 in the pain free range. There was some swelling over the patellar tendon and focal tenderness along the anterior knee involving the infrapatellar fat pad. It is noted that there is patellofemoral crepitus and patellofemoral crepitus with joint line tenderness over the left knee. The patient had a positive McMurray's test and it is noted that there is hypoesthesia over the L5-S1 dermatome. Diagnosis is noted as a recurrent right anterior knee pain, right shoulder pain, chronic lumbar discogenic pain, right medial elbow pain, and chronic pain due to anxiety and insomnia. Treatment includes a continuation of medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxy IR 5mg, #80: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80.

Decision rationale: According to the CA MTUS/Chronic Pain Medical Treatment Guidelines, page 80, opioids should be continued if the patient has returned to work and the patient has improved functioning and pain. Based upon the exam note of 8/25/14, there is insufficient evidence to support chronic use of narcotics. The patient has been on chronic opioids without demonstrated functional improvement, percentage of relief, demonstration of urine toxicology compliance or increase in activity. Therefore, the request is not medically necessary.