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| Case Number: | CM14-0179871 | | |
| Date Assigned: | 11/04/2014 | Date of Injury: | 05/16/2008 |
| Decision Date: | 12/12/2014 | UR Denial Date: | 10/24/2014 |
| Priority: | Standard | Application Received: | 10/29/2014 |

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:

This patient is a 64 year-old male with date of injury 05/16/2008. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 10/08/2014, lists subjective complaints as pain in the neck and bilateral shoulders. Objective findings: Examination of the patient revealed he has a highly straightened cervical spine. Flexion was 60 degrees, extension 15 degrees with some discomfort. Deep tendon reflexes were equal and symmetrical. No weakness or sensory loss noted. Negative Phalen's and Tinel's test at the wrists. Examination of the bilateral shoulders revealed restricted range of motion in all planes. Palpable tenderness and crepitance of the distal clavicle at the acromioclavicular joint. There were signs of possible biceps rupture of the right shoulder. Diagnosis: 1. Subacromial impingement 2. Acromioclavicular arthritis 3. Rotator cuff tear. Original reviewer modified medication request to Oxycodone HCL 15mg, #90. 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 HCL 15mg, #180 SIG: 2 tabs every 6 hours.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone HCL 15mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation ODG, Pain (Chronic)

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 narcotics, the patient has reported very little functional improvement over the course of the last year. Oxycodone HCL 15mg #180 is not medically necessary.