

<b>Case Number:</b>	CM14-0024125		
<b>Date Assigned:</b>	06/11/2014	<b>Date of Injury:</b>	02/14/2003
<b>Decision Date:</b>	07/15/2014	<b>UR Denial Date:</b>	02/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/25/2014

### 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 PM&R, 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 underlying date of injury in this case is 02/14/2003. The primary diagnosis is cervical somatic dysfunction. Additional treating diagnoses include left lateral epicondylitis, left shoulder impingement, left bicipital tendinitis, adhesive capsulitis, status post right rotator cuff repair, status post bilateral carpal tunnel releases, and bilateral forearm myofasciitis. The treating physical rehabilitation physician notes are handwritten and in many cases illegible. A note which appears to request opioid treatment is dated 01/13/2014, The note describes ongoing bilateral elbow pain with no help from tramadol and a plan to try Norco.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PROSPECTIVE REQUEST FOR 1 PRESCRIPTION OF OXYCODONE 15MG, #180 (WITH 3 REFILLS):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS (WHEN TO DISCONTINUE).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS/ONGOING MANAGEMENT Page(s): 76.

**Decision rationale:** The California Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines, section on opioids/ongoing management, page 76, discuss the

four A's of opioid management, including the need to document pain relief, functional status, appropriate medication use, and side effects. The medical records in this case from the prescribing physician are handwritten and only marginally legible. These records do not document the four A's of opioid management to support an indication for oxycodone. Moreover, if this medication were indicated, then it is not clear that three refills would be indicated in lieu of regular physician followup visits to monitor efficacy of the treatment. For these reasons, this request is not supported by the treatment guidelines. This request is not medically necessary.