

Case Number:	CM14-0025308		
Date Assigned:	06/11/2014	Date of Injury:	03/01/2008
Decision Date:	12/16/2014	UR Denial Date:	02/07/2014
Priority:	Standard	Application Received:	02/27/2014

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 Anesthesiology, and is licensed to practice in Tennessee, North Carolina, and Georgia. 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 is a 50-year-old male with a reported date of injury of 03/01/2008. The mechanism of injury was lifting. His diagnoses were right shoulder internal derangement, status post right shoulder surgery, left elbow internal derangement, and status post left elbow surgery. His past treatments included medications, surgery, and therapy. The injured worker presented on 02/11/2014 with complaints of right shoulder pain and left elbow pain, and rated at a 4/10. Upon physical examination it was noted right shoulder range of motion was restricted by pain in all directions, Neer's test was positive, left elbow ranges of motion were restricted by pain in all directions, and muscle stretch reflexes are within normal limits. The clinical documentation stated the Oxycodone provides a 70% improvement with his pain and allowed him to perform daily activities such as self-care and dressing. The previous UDS test dated 12/24/2013 showed compliance with the prescribed drugs. His medications included Oxycodone and Prilosec. The treatment plan was to continue with the medication. The request was for Oxycodone 10/325 mg #120 and the rationale was due to the patient's statement of improvement of his pain and functional abilities. The Request for Authorization form was not included.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone 10/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 91-92.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management Page(s): 78.

Decision rationale: The request for Oxycodone 10/325mg #120 was not medically necessary. The injured worker complained of right shoulder pain. The California MTUS Guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects in order to warrant ongoing use of opioid medications. The injured worker has been taking Oxycodone since at least February 2014. The most recent clinical note failed to document evidence of quantifiable pain relief and objective functional improvement with the patient's use of Oxycodone. Therefore, it cannot be determined that the patient would benefit significantly from ongoing use of this medication. The documentation does not indicate significant side effects. The documentation provided did not indicate the injured worker displayed any aberrant behaviors, drug seeking behavior, or whether the injured worker was suspected of illegal drug use. There was lack of evidence as to if urine drug screen was performed within the last year. The request failed to address the frequency of the medication. As such, the request for Oxycodone 10/325mg #120 is not medically necessary.