

Case Number:	CM14-0181463		
Date Assigned:	11/06/2014	Date of Injury:	09/30/1999
Decision Date:	05/05/2015	UR Denial Date:	10/13/2014
Priority:	Standard	Application Received:	10/31/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 injured worker is a 54-year-old male with an industrial injury dated 09/30/1999. His diagnosis includes joint ankyloses of the shoulder region, brachial plexus disorder and depressive disorder. He has been treated with medications. He is also seeing a psych provider. In the progress note on 09/30/2014 the injured worker was complaining of right shoulder pain. He states he wakes frequently due to pain. Physical exam noted the injured worker was depressed and pain behaviors were within expected context of disease. The progress note dated 09/30/2014 notes CURES done at this visit showed only expected medication and provider. The treating physician notes the injured worker demonstrates increased activity and functionality on opiate therapy and requested oxycodone. The patient is also taking methadone for pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone 10 mg , 1 tab every 6 hrs for 30 days, # 120 , outpatient for chronic right shoulder and arm pain: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Goodman and Gilman's The Pharmacological Basis of Therapeutics 12th edition, Physicians' Desk Reference 68th edition, and ODG.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 60.

Decision rationale: According to the MTUS in regard to medications for chronic pain, only one medication should be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. A record of pain and function with the medication should be recorded. According to this citation from the MTUS, medications should not be initiated in a group fashion, and specific benefit with respect to pain and function should be documented for each medication. There is no documentation of the above criteria for either of narcotics that the patient has been taking. Oxycodone 10 mg is not medically necessary.