

Case Number:	CM14-0205844		
Date Assigned:	01/29/2015	Date of Injury:	02/09/2005
Decision Date:	03/03/2015	UR Denial Date:	11/17/2014
Priority:	Standard	Application Received:	12/09/2014

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: Physical Medicine & Rehabilitation

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 56 year old male who suffered an unknown work related injury on 02/09/05. Per the physician notes from 09/30/14 he is status post shoulder surgery. He continues to complain of right shoulder pain 8/10 without medications. The injured worker states he cannot function at all without his pain medications. H is able to do light yard work and is a caregiver for his father. On exam the right shoulder was noted to be very tender to the touch. Per the UR, the surgery was in 07/05 and the shoulder was noted to be irreparable at that time. The treatment plan included Opana, Oxycodone, soma, and Lexapro. The oxycodone was denied by the Claims Administrator on 11/17/14 and was subsequently appealed for Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone 30mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
CRITERIA FOR USE OF OPIOIDS Page(s): 76-78,88-89.

Decision rationale: The patient presents with right shoulder pain which he rates as an 8/10. The request is for OXYCODONE 30 mg #180. The patient has been taking oxycodone as early as 12/17/2013. MTUS Guidelines pages 88 and 89 state, "pain should be assessed at each visit and functioning should be measured at 6-month intervals using a numerical scale or a validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior) as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work, and duration of pain relief. The 12/17/2013 report states that the patient's pain is decreased to a 3/10 with oxycodone. The 05/20/2014 report also states that the patient pain decreases to a 3/10 and now he is able to do ADLs. The 09/30/2014 report indicates that the patient continues to take oxycodone which reduces his pain to a 3/10; the patient is now able to do ADLs. It appears that the patient's pain is decreased with the use of Norco, as shown with the pain scales. However, not all 4As are addressed as required by MTUS Guidelines. There are no specific ADLs which demonstrated medication efficacy. There is only a general statement indicating that the patient is now "able to do ADLs." There are no discussions provided on side effects/adverse behavior. There is no opiate management issues discussed such as CURES report, pain contracts, et cetera. No outcome measures are provided either as required by MTUS Guidelines. In addition, urine drug screen to monitor for medicine compliance is not addressed. The treating physician has failed to provide the minimum requirements and documentation that are outlined in the MTUS Guidelines for continued opiates use. The requested oxycodone IS NOT medically necessary.