

<b>Case Number:</b>	CM15-0103739		
<b>Date Assigned:</b>	06/08/2015	<b>Date of Injury:</b>	08/17/2013
<b>Decision Date:</b>	07/07/2015	<b>UR Denial Date:</b>	05/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/29/2015

### 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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

### 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 58-year-old female, with a reported date of injury of 08/17/2013. The diagnoses include right shoulder joint pain, status post right shoulder arthroscopy, neck pain, and cervicobrachial syndrome. Treatments to date have included physical therapy, with mild benefit; nighttime splints; topical pain medication; oral medication; right shoulder arthroscopy on 04/21/2014; an MRI of the right shoulder on 02/09/2015 which showed evidence of prior rotator cuff repair with diffuse rotator cuff tendinopathy and small partial-thickness inferior surface tear of the distal infraspinatus and infraspinatus segments, and mild glenohumeral degenerative arthritis with moderate joint effusion; and home exercise program. The visit note dated 04/09/2015 indicates that the injured worker complained of chronic right shoulder and bilateral hand pain. She continued to have persistent hand pain with numbness and tingling, right greater than the left. The injured worker felt that the pain, numbness, and tingling in her fingers had been gradually worsening. She stated that OxyContin helped better than the Fentanyl patches or Morphine with her pain. She was tolerating this medication well without side effects. The objective findings include decreased sensation to light touch of the bilateral hands, more on the right hand versus the left hand; positive Tinel's sign at the right wrist and at the left wrist but much more sensitive on the right wrist; negative Tinel's sign at the bilateral elbows; and decreased grip strength with right hand grip versus the left hand grip. The treating physician requested Oxycontin 15mg #60. It was noted that the Oxycontin helped with pain and function. She was tolerating this medication better than other medications. The plan is to try to keep the injured worker at a low dose.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Oxycontin 15mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Oxycodone Hydrochloride.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-85, 88-89.

**Decision rationale:** This 58 year old female has complained of right shoulder pain and neck pain since date of injury 8/17/13. She has been treated with surgery, physical therapy and medications to include opioids since at least 12/2014. The current request is for Oxycontin. No treating physician reports adequately assess the patient with respect to function, specific benefit, return to work, signs of abuse or treatment alternatives other than opioids. There is no evidence that the treating physician is prescribing opioids according to the MTUS section cited above which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opiod contract and documentation of failure of prior non-opiod therapy. On the basis of this lack of documentation and failure to adhere to the MTUS guidelines, Oxycontin is not medically necessary.