

<b>Case Number:</b>	CM15-0010016		
<b>Date Assigned:</b>	01/27/2015	<b>Date of Injury:</b>	05/23/2002
<b>Decision Date:</b>	03/16/2015	<b>UR Denial Date:</b>	01/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/16/2015

### 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: Texas, Illinois

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 51 year old female, who sustained a work/ industrial injury while lifting a boxed computer off a truck on 5/23/02. She has reported symptoms of pain in the low back, right shoulder, and right elbow. The diagnoses have included chronic cervicalgia, cervical strain, thoracic strain, mild cervical degenerative disc disease, right shoulder impingement syndrome, s/p rotator cuff repair, and suspected right ulnar neuropathy. Past medical history included morton neuroma, bilateral feet. Right Shoulder arthroscopy was performed (5/2008). The progress note dated 1/5/15 reported right elbow pain that impeded activities of daily living (ADL's) and a knot like sensation between the shoulder blades. The Injured worker obtained 50% decrease in pain with medication. Treatment to date has included medication, exercise program, occupational therapy with fabrication of splints, psychological testing, and cortisone injection. Medication included Oxycodone HCL. On 1/12/15 Utilization Review non-certified Oxycodone Hcl 10 mg #45 (between 1/5/15 and 3/9/15), noting the Medical treatment Utilization Schedule (MTUS), California Chronic Pain Medical Treatment Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Oxycodone HCL 10mg #45:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids  
Page(s): 78-81.

**Decision rationale:** The injured worker sustained a work related injury on 5/23/02 . The medical records provided indicate the diagnosis of chronic cervicalgia, cervical strain, thoracic strain, and mild cervical degenerative disc disease, and right shoulder impingement syndrome, s/p rotator cuff repair, and suspected right ulnar neuropathy, exercise program, occupational therapy with fabrication of splints, psychological testing, and cortisone injection. Medication included Oxycodone HCLThe medical records provided for review do not indicate a medical necessity for Oxycodone HCL 10mg #45. The records indicate the injure worker has been using opioids since 2011, despite the recommendation of the MTUS that opioids should only be used for short term treatment of chronic pain. The records also indicate the injured worker is using only opioid analgesic for pain control, but there was no explanation on why other medications are not being used, although the MTUS recommends "A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics: Also, the MTUS stated the research on the use of opioids for chronic pain has been limited to 70 days. The record also indicate there have been several recommendations to wean the injured worker opioids based on guidelines recommendations.