

<b>Case Number:</b>	CM15-0135506		
<b>Date Assigned:</b>	07/23/2015	<b>Date of Injury:</b>	06/30/2012
<b>Decision Date:</b>	08/20/2015	<b>UR Denial Date:</b>	06/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/13/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 46 year old male with a June 30, 2012 date of injury. A progress note dated May 26, 2015 documents subjective complaints (constant moderate to severe bilateral shoulder pain and restricted range of motion; worsening depression due to chronic pain and limited treatment options), objective findings (exam stable without change, last date of service on February 2, 2015), and current diagnoses (enthesopathy of shoulder region; disorder of the bursa of the shoulder region; shoulder joint pain; chronic pain syndrome). A progress note dated February 2, 2015 documented objective findings (anxious, depressed; flat affect; shoulder elevated on the right side; decreased Rom of the bilateral shoulders; large effusion of the left shoulder; hyperkyphosis of the thoracic spine). Treatments to date have included medications, right shoulder surgery, and physical therapy. The treating physician documented a plan of care that included Oxycodone.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Oxycodone 15 mg #150:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, (2) Opioids, dosing Page(s): 76-80, 86.

**Decision rationale:** The claimant sustained a work-related injury in June 2012 and continues to be treated for bilateral shoulder pain. When seen, he was not able to move around much and was sleeping most of the time due to pain control. He was anxious and depressed. There was decreased shoulder range of motion and a large left shoulder effusion. Oxycodone was being prescribed at a total MED (morphine equivalent dose) of less than 120 mg per day. Oxycodone is an immediate release short acting medication often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. Although there are no identified issues of abuse or addiction and the total MED is less than 120 mg per day, there is poor pain control and no documentation that this medication is providing an improved quality of life. Continued prescribing was not medically necessary.