

<b>Case Number:</b>	CM15-0189415		
<b>Date Assigned:</b>	10/01/2015	<b>Date of Injury:</b>	04/08/2004
<b>Decision Date:</b>	11/18/2015	<b>UR Denial Date:</b>	09/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/25/2015

### 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: California, North Carolina  
 Certification(s)/Specialty: Family Practice

### 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 49 year old female, who sustained an industrial injury on 4-8-2004. The injured worker was being treated for elbow pain and shoulder pain. Medical records (5-11-2015 to 8-12-2015) indicate ongoing neck, right shoulder, and right elbow pain, rated 5- 5.5 with medications. On 8-12-2015, the subjective pain rating was 8 out of 10 without medications. The physical exam (5-11-2015 to 8-12-2015) revealed restricted neck flexion limited by pain, limited neck extension, restricted right shoulder flexion, normal right shoulder abduction, and tenderness to palpation of the acromioclavicular joint. There was limitation of the right elbow range of motion, no elbow instability, tenderness to palpation over the lateral and medial epicondyles, tenderness of the olecranon, a positive Tinel's sign, and pain with resisted pronation and supination, greater on pronation. On 6-8-2015, a urine drug screen was negative for Nortriptyline and positive for Oxycodone, Noroxycodone, and Oxymorphone. Per the treating physician (8-12-2015 report), the injured worker has improved ability for self-care, cooking, cleaning for 30-45 minutes or more with her medications. The treating physician a signed opioid agreement was on file and did not note any concern with addiction. Surgeries to date have included a right elbow lateral epicondylar debridement in 2004 with revision in 2005, and right elbow neuroma excision. Treatment has included physical therapy, work modifications, cognitive behavioral therapy, epicondyle steroid injections, and medications including pain (Oxycodone HCL since at least 9-2014), muscle relaxant, and non-steroidal anti-inflammatory. Per the treating physician (8-12-2015 report), the injured worker is not currently working. On 8-

25-2015, the requested treatments included Oxycodone HCL 15mg #120. On 9-1-2015, the original utilization review modified a request for Oxycodone HCL 15mg #120.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Oxycodone HCL 15mg #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

**Decision rationale:** This patient is a 49 year-old female whose date of injury was 4/8/2004. She is being treated for chronic neck pain, right elbow pain and right shoulder pain. The patient is being prescribed Oxycodone 15 mg q 4-6 hours for pain. CA MTUS Guidelines state that Oxycodone may be utilized for chronic pain if there is documented significant pain relief and functional improvement. Recent documentation submitted fails to indicate increased functional gains from the use of Oxycodone. Guidelines recommend discontinuing opioids when functional improvement is lacking. Previous reviews have recommended weaning off the Oxycodone and adequate time has elapsed to accomplish the weaning process. Therefore the request is not medically necessary or appropriate.