

Case Number:	CM15-0035731		
Date Assigned:	03/04/2015	Date of Injury:	10/30/2013
Decision Date:	04/15/2015	UR Denial Date:	02/13/2015
Priority:	Standard	Application Received:	02/25/2015

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

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 50 year old female, who sustained an industrial injury on 10/30/2013. She has reported subsequent bilateral shoulder, upper back, neck and lower back pain and was diagnosed with right shoulder strain, right shoulder bicipital tendinitis and tenosynovitis, cervical sprain and upper back sprain. Treatment to date has included oral pain medication and physical therapy. In a progress note dated 01/30/2015, the injured worker complained of bilateral shoulder, upper back, neck and lower back pain. Objective findings were notable for tenderness of the cervical and upper back paraspinal muscles, decreased and painful range of motion of the right shoulder and positive Hawkin's, impingement sign and Speed tests. A request for authorization of Oxycodone/Acetaminophen was made. On 02/13/2015, Utilization Review modified a request for Oxycodone/Acetaminophen from #60 to #45, noting that there was no documentation of functional improvement with prior medication use and that it should be weaned. MTUS guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone / Acetaminophen / 5/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 80.

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

Decision rationale: Based on the 01/30/15 progress report provided by treating physician, the patient presents with bilateral shoulder, upper back, neck and lower back pain. The request is for OXYCODONE/ACETAMINOPHEN/ 5/325MG #60. Patient's diagnosis on 01/30/15 included right shoulder strain, right shoulder bicipital tendinitis and tenosynovitis, right-sided rotator cuff tear, cervical sprain, upper back sprain, left shoulder strain, and left shoulder subacromial bursitis and tenosynovitis. Patient's medications include Oxycodone, Tizanidine, and Naproxen. The patient is off work, per treater report dated 01/30/15. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or 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. Per progress report dated 10/03/14, the patient has been initiated on Percocet (Oxycodone/Acetaminophen) due to "difficulty handling NSAID." Percocet has been included in patient's medications per treater reports dated 10/03/14, 01/02/15, and 01/30/15. In this case, treater has not stated how Percocet reduces pain and significantly improves patient's activities of daily living. There are no pain scales or validated instruments addressing analgesia. There are no specific discussions regarding aberrant behavior, adverse reactions, ADL's, etc. No opioid pain agreement or CURES reports. No return to work, or change in work status, either. MTUS requires appropriate discussion of the 4A's. Given the lack of documentation as required by guidelines, the request IS NOT medically necessary.