

Case Number:	CM15-0035794		
Date Assigned:	03/04/2015	Date of Injury:	06/01/2011
Decision Date:	04/16/2015	UR Denial Date:	01/23/2015
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:

This 39-year-old male sustained a work related injury on 06/01/2011. According to an office visit dated 01/08/2015, the injured worker was seen for left shoulder pain. Pain was rated 5.5 on a scale of 1-10 with medications and a 9 without medications. There were no new problems or side effects. Quality of sleep was poor. His activity level had decreased. Medications were taken as prescribed and working well. Medications included Senokot, Trazodone, Voltaren 1% Gel, Amitiza, Diclofenac, Colace, Oxycodone Hcl 10mg one three times a day as needed, MS Contin 15mg one in the morning and MS Contin CR 30 mg one in the afternoon and one in the evening. Diagnoses included shoulder pain (left) and low back pain. According to the provider, the injured worker was unable to perform basic grooming and toileting because he was unable to lift his left arm due to tenderness and limited range of motion of his left shoulder. He noted weakness in his left arm and left hand, which caused him further difficulty in performing activities of daily living. He also reported ongoing depression, hopelessness and anxiety related to his chronic pain. According to a prior progress report dated 07/24/2014, the injured worker was taking the same dose of Oxycodone and MS Contin. At that, time pain was rated 6 on a scale of 1-10 with medications and 8 without medications. On 01/23/2015, Utilization Review modified Oxycodone HCL 10mg take 1 table 3 times a day #90. According to the Utilization Review physician, there had not been related or documented compliance with the pain management contract agreement. The prescription of Oxycodone as required is considered excessive for the achievement of pain relief from breakthrough pain or the acute exacerbation of pain especially since the injured worker was on both Oxycodone and MS Contin. There was no

specific documentation of functional gain and most importantly, there had not been any presenting treatment plan for which the opiate medications were to be reduced or discontinued. Guidelines referenced included CA MTUS Chronic Pain Medical Treatment Guidelines pages 9, 74-95; page 13. The decision was appealed for an Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone HCL 10mg take 1 tablet 3 times a day #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 9, 74-95.

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

Decision rationale: According to the 01/08/2015 progress report, this patient presents with left shoulder pain. The current request is for Oxycodone HCL 10mg take 1 tablet 3 times a day #90. This medication was first mentioned in the 03/06/2014 report; it is unknown exactly when the patient initially started taking this medication. The request for authorization is on 09/08/2014. The patient's work status is modified. For chronic opiate use, MTUS Guidelines pages 88 and 89 require functioning documentation using a numerical scale or validated instrument at least one every six months, documentation of the 4 A's: analgesia, ADL's, adverse side effects, and adverse behavior are required. Furthermore, under outcome measure, it also recommends documentation of chronic pain, average pain, least pain, the time it takes for medication to work, duration of pain relief with medication, etc. The medical reports provided for review indicate the patient is "unable to perform basic grooming and toileting because he is unable to lift his left arm." ADL's are mentioned as above but no documentation as to how this medication is significantly improving the patient's ADL's and daily function. The patient rates his pain with medications as 5.5/10 and without medications as 9/10. The treating physician mentions that "medications are working well. No side effects reported." Urine toxicology was obtained 11/13/2014. The patient denies any new adverse effects from medications. The patient currently does not exhibit any adverse behavior to indicate addiction. In this case, the treating physician has failed to clearly document ADL's; one of the 4 A's as required by MTUS. Therefore, the request IS NOT medically necessary.