

<b>Case Number:</b>	CM15-0036544		
<b>Date Assigned:</b>	03/05/2015	<b>Date of Injury:</b>	01/21/2005
<b>Decision Date:</b>	04/16/2015	<b>UR Denial Date:</b>	01/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/26/2015

### 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 49 year old male, who sustained an industrial injury on 1/21/2005. The current diagnoses are ulnar neuropathy, shoulder pain, and status post left shoulder arthroscopy (7/20/2012). Currently, the injured worker complains of left shoulder and left elbow pain. The pain is rated 5/10 with medications and 7/10 without. Current medications are Norco, OxyContin, Percocet, and Atarax. The physical examination of the left shoulder reveals tenderness on palpation over the acromioclavicular joint and biceps groove. Range of motion is restricted. Hawkins and Neer test is positive. Examination of the left elbow reveals tenderness to palpation over the lateral and medial epicondyle. Tinel's sign is positive. Treatment to date has included medications and surgery. The treating physician is requesting OxyContin 30mg #60, which is now under review. On 1/28/2015, Utilization Review had non-certified a request for OxyContin 30mg #60. The California MTUS Chronic Pain Medical Treatment Guidelines were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 prescription for Oxycontin 30mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Oxycontin (oxycodone); Opioids, criteria for use.

**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 1/7/15 progress report provided by the treating physician, this patient presents with left shoulder pain and left elbow pain, with numbness/pain starting from neck and traveling down right arm to fingertips, rated 5/10 on VAS scale with medications, and 7/10 without medications. The treater has asked for 1 PRESCRIPTION FOR OXYCONTIN 30MG #60 on 1/7/15. The patient's diagnoses per Request for Authorization form dated 1/19/15 are shoulder pain, ulnar neuropathy, and cervical radiculopathy. The patient is s/p shoulder surgery of unspecified date, and his elbow pain began when his arm was in a sling for 2 months the patient did not have elbow pain prior to this per 1/7/15 report. The patient is s/p lumbar laminectomy from 1990, central decompressive laminectomy at L3 and L4 from 6/13/11, redo right hemilaminotomy at L3, left hemilaminotomy at L4 with microdiscectomy at L3-4 on right and L4-5 on the left from 1/22/14, and total hip arthroplasty from 6/2/14 per 12/18/14 report. The patient's work status is "permanent and stationary", and the patient is currently not working per 1/7/15 report. 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. Oxycontin has been included in patient's medications per treater reports dated 2/25/14, 6/18/14, and 1/7/15. In this case, treater states "patient continues to receive functional benefit from medication" per 1/7/15 report. However, the treater has not stated how Oxycontin 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. The most recent urine drug screen on 12/10/14 showed consistent results, but there was no documentation of an 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.