

Case Number:	CM15-0040838		
Date Assigned:	03/11/2015	Date of Injury:	10/09/2001
Decision Date:	04/20/2015	UR Denial Date:	02/13/2015
Priority:	Standard	Application Received:	03/03/2015

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: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

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 62-year-old male who sustained an industrial injury on 10/9/01 that involved a slip and fall landing on his head, neck and right shoulder resulting in neck injury. He currently complains of bilateral shoulder pain, right wrist pain with poor grip strength and neck pain. (8/24/12). Diagnoses include degenerative disc and joint disease of multiple levels of the cervical spine, status post C4-C7 cervical fusion (9/07); degenerative disc disease at C3-4 and C7-T1; persistent residual left shoulder pain secondary to possible radiculopathy, but most likely secondary to rotator cuff tear, superior labrum anterior on posterior lesion and rupture of the left biceps tendon; left shoulder impingement; bilateral atrophy involving the trapezius muscles, the supraspinatus muscles the biceps, triceps and forearm musculature; status post carpal tunnel syndrome with release (2003); right wrist instability and triangular fibrocartilage complex tear. Treatments to date include physical therapy, which eventually was successful in reducing pain and medications. Diagnostics include multiple MRI's of the cervical spine the latest 10/14/14; electrodiagnostic studies; numerous x-rays of the cervical spine. There are no current progress notes. The only available records were an agreed medical re-evaluation from 8/20/12.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone/ APAP 7.5-325 mg QTY 56 (28 day supply): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 74-95.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 75-81.

Decision rationale: Xartemis XR (oxycodone hydrochloride and acetaminophen) XR tablets combines 2 analgesics, oxycodone hydrochloride 7.5 mg and acetaminophen 325 mg. There is no documentation of a pain severity that justifies the use of Xartemis for 28 days. There is no justification for the use of several opioids. Therefore, the request for Oxycodone/ APAP 7.5-325 mg QTY 56 is not medically necessary.