

Case Number:	CM15-0060681		
Date Assigned:	04/06/2015	Date of Injury:	11/30/1993
Decision Date:	05/05/2015	UR Denial Date:	03/23/2015
Priority:	Standard	Application Received:	03/30/2015

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: Preventive Medicine, Occupational 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 78 year old male, who sustained an industrial injury on November 30, 1993. The injured worker was diagnosed as having cervical and lumbar disc degeneration, lumbar radiculopathy, and shoulder impingement/bursitis. He is status post right knee arthroscopy with debridement and partial medial and lateral meniscectomy and status post left shoulder arthroscopy, rotator cuff repair, subacromial decompression, biceps tendinosis, and acromioclavicular joint excision. Treatment to date has included x-rays, left shoulder steroid injection, physical therapy, home exercise program, and medications including topical pain, oral pain, and muscle relaxant. A urine drug screen was performed on December 22, 2014. On February 13, 2015, the injured worker complains of whole body pain. His pain level is 5/10, and his medications help his pain by 50%. The physical exam revealed decreased lumbar range of motion with pain, negative straight leg raise, and tenderness at lumbar 4-sacral 1. The treatment plan includes a refill of his pain medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone 30mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 74-94.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. Despite the long-term use of oxycodone, the patient has reported very little, if any, functional improvement or pain relief over the course of the last year. A previous utilization review decision provided the patient with sufficient quantity of medication to be weaned slowly off of narcotic. Oxycodone 30mg #90 is not medically necessary.