

<b>Case Number:</b>	CM15-0060965		
<b>Date Assigned:</b>	04/07/2015	<b>Date of Injury:</b>	06/30/1999
<b>Decision Date:</b>	05/06/2015	<b>UR Denial Date:</b>	03/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/31/2015

### 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: Emergency 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 58 year old male who sustained an industrial injury on 6/30/99 involving the right shoulder. The accident occurred when he was pushing a twenty foot piece of lumbar and felt acute right shoulder pain. He had an MRI which showed possible labral tear and degeneration in the inferior aspect of the shoulder. He had a right shoulder arthroscopic debridement of a labral tear and subacromial decompression (11/8/99). He had a little improvement with symptoms and had post-operative physical therapy. He had multiple surgeries after this with post-operative physical therapy and no significant in improvement. He currently complains of right shoulder pain with burning and numbness with decreased range of motion; pain into the neck and left trapezius. His activities of daily living are limited and self-care is done slowly. Medications are Flector Patch, OxyContin, oxycodone, Norco. His pain level ranges from 5-9/10. Diagnoses include degeneration of the lumbosacral intervertebral disc; status post L4-5 fusion (1986); repair of right shoulder (no date) chronic pain; right shoulder joint derangement; status post right shoulder prosthesis (2011) and replacement (2012); chronic right shoulder pain and dysfunction, requiring significant amounts of narcotic medications. Treatments to date include medications which are helpful for pain relief; physical therapy; transcutaneous electrical nerve stimulator unit. In the progress note dated 3/13/15 the treating provider's plan of care recommends refill of OxyContin. In the 8/8/14 orthopedic progress note the treating provider notes that the injured worker has been on a significant amount of pain medications for an extended period of time and he would need to be in an inpatient detoxification unit to wean him from the medications.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Oxycontin ER 80 mg, thirty count:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78, 86, 111 - 113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82 Page(s): 78-82.

**Decision rationale:** The requested Oxycontin ER 80 mg, thirty count, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, recommend continued use of this opiate for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The injured worker has right shoulder pain with burning and numbness with decreased range of motion; pain into the neck and left trapezius. The treating physician has documented that the injured worker has been on a significant amount of pain medications for an extended period of time and he would need to be in an inpatient detoxification unit to wean him from the medications. The treating physician has not documented VAS pain quantification with and without medications, duration of treatment, and objective evidence of derived functional benefit such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention, nor measures of opiate surveillance including an executed narcotic pain contract or urine drug screening. The criteria noted above not having been met, Oxycontin ER 80 mg, thirty count is not medically necessary.

**Oxycodone 20 mg, sixty count:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78, 86, 111 - 113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82 Page(s): 78-82.

**Decision rationale:** The requested Oxycodone 20 mg, sixty count, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, recommend continued use of this opiate for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The injured worker has right shoulder pain with burning and numbness with decreased range of motion; pain into the neck and left trapezius. The treating physician has documented that the injured worker has been on a significant amount of pain medications for an extended period of time and he would need to be in an inpatient detoxification unit to wean him from the medications. The treating physician has not documented VAS pain quantification with and without medications, duration of treatment,

and objective evidence of derived functional benefit such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention, nor measures of opiate surveillance including an executed narcotic pain contract or urine drug screening. The criteria noted above not having been met, Oxycodone 20 mg, sixty count is not medically necessary.

**Norco 10/325 mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78, 86.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82 Page(s): 78-82.

**Decision rationale:** The requested Norco 10/325 mg is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, recommend continued use of this opiate for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The injured worker has right shoulder pain with burning and numbness with decreased range of motion; pain into the neck and left trapezius. The treating physician has documented that the injured worker has been on a significant amount of pain medications for an extended period of time and he would need to be in an inpatient detoxification unit to wean him from the medications. The treating physician has not documented VAS pain quantification with and without medications, duration of treatment, objective evidence of derived functional benefit such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention, nor measures of opiate surveillance including an executed narcotic pain contract or urine drug screening. The criteria noted above not having been met, Norco 10/325 mg is not medically necessary.