

Case Number:	CM15-0080914		
Date Assigned:	05/01/2015	Date of Injury:	05/22/2014
Decision Date:	06/02/2015	UR Denial Date:	04/17/2015
Priority:	Standard	Application Received:	04/27/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 (IW) is a 60-year-old male who sustained an industrial injury on 05/22/2014. Diagnoses include rotator cuff syndrome of shoulder and allied disorders, localized primary osteoarthritis of the shoulder and pain in shoulder joint. Treatment to date has included medications, physical therapy, steroid shoulder injection, TENS unit, ice treatment and surgery. The physical therapy and TENS unit were not helpful. Diagnostics included x-rays and MRIs. According to the progress notes dated 2/17/15, the IW reported constant moderate to severe right shoulder pain. He also reported the combination of the Butrans patch and Oxycodone 15mg four times a day was not nearly as effective as his previous Norco. A request was made for Oxycodone IR 30mg 4 times a day Qualitest brand only for breakthrough pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone Immediate Release 30mg quantity unspecified: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 26-27.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 82-92.

Decision rationale: Oxycodone is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Norco for several months. Recently the Oxycodone 15 mg was not sufficient to control pain. The request for 30 mg of Oxycodone would exceed the 120 mg equivalent of Morphine equivalent per day. The chronic use of opioids is also leading to tolerance. The request for higher dose of short acting opioids (Oxycodone 30mg) is not medically necessary.