

Case Number:	CM14-0142438		
Date Assigned:	09/10/2014	Date of Injury:	10/16/2008
Decision Date:	10/14/2014	UR Denial Date:	07/31/2014
Priority:	Standard	Application Received:	09/02/2014

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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 66-year-old male who reported an injury on 10/16/2008 of unspecified mechanism of injury. The injured worker complained of right shoulder pain with a diagnosis of chronic shoulder pain and chronic pain syndrome. The medications included Voltaren, Norco 10 mg, and oxycodone 15 mg. The prior surgeries included a right shoulder arthroscopy and fasciotomy and debridement for chronic right lateral epicondylitis. The injured worker rated his pain a 4/10 using the visual analog scale (VAS). The physical examination of the right shoulder dated 06/18/2014 revealed painful range of motion, musculoskeletal is a 4/5, neurovascular intact, full range of motion to the right elbow, mild tenderness to palpation over the lateral epicondyle. The treatment plan included topical cream for pain relief, maintain the oxycodone, and return for follow-up in 4 weeks. The request for authorization was not submitted with the documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Oxycodone 10mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On- going pain management Page(s): 78.

Decision rationale: The request for 1 prescription of Oxycodone 10mg #60 is not medically necessary. The California MTUS Guidelines recommend opioids for chronic pain when there is documentation of objective improvement and function, objective and decrease in pain, and evidence that the injured worker is being monitored for aberrant drug behavior and side effects. The accumulative dosing of opioids should not exceed 120 mg oral morphine equivalence per day. The injured worker rated his pain a 4/10. It was not evident in the clinician's notes that the injured worker had been assessed for aberrant drug taking behavior. The request did not address the frequency. As such, the request is not medically necessary.