

<b>Case Number:</b>	CM14-0146334		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	08/02/2012
<b>Decision Date:</b>	10/14/2014	<b>UR Denial Date:</b>	09/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/09/2014

### 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 Orthopedic Surgery, and is licensed to practice in California. 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:

This is a 45-year-old gentleman who sustained a strain of the neck, thoracic, and low back in a work related accident on 08/02/12. The progress report of 08/12/14 documented that the claimant is status post a March 2014 left shoulder arthroscopy in March, 2014, with continued complaints of pain in the left shoulder radiating to the neck and left upper extremity. The claimant was recently hospitalized in July, 2014, as a result of kidney and liver inflammation. The claimant also has chronic low back complaints and extremity pain. Physical examination showed subjective numbness but no documented objective findings to the lower extremities. Recommendations at that time were for continuation of medications to include a topical compounding cream as well as oxycodone. The documentation specifically states oxycodone has helped his pain by "30 percent."

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Oxycodone 5 mg, QTY: 60 with 1 refill:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76-80,92.

**Decision rationale:** Based on California MTUS Chronic Pain Guidelines in regards to when to discontinue short acting narcotic analgesics, it recommends immediate removal if there are intolerable adverse effects or no overall improvement with function unless there are extenuating circumstances. This individual's clinical progress report indicated only 30 percent improvement with current medication use and also documents that the claimant had recently been hospitalized for liver, kidney and pancreas inflammation. The continued use of this short acting narcotic analgesic without documentation of significant benefit, and in light of underlying multi-organ inflammation, would not be supported as medically necessary.