

<b>Case Number:</b>	CM14-0183529		
<b>Date Assigned:</b>	11/10/2014	<b>Date of Injury:</b>	02/14/2003
<b>Decision Date:</b>	12/11/2014	<b>UR Denial Date:</b>	10/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/03/2014

### 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 physical Medicine and Rehabilitation 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 54 year-old patient sustained an injury on 2/14/2003 while employed by [REDACTED]. Request(s) under consideration include 1 prescription for Oxycodone 15mg #120. Diagnoses include right rotator cuff tear s/p arthroscopic SAD, SLAP; adhesive capsulitis; Left de Quervain's tenosynovitis; bilateral CTS s/p CTR; bilateral wrist and forearm myofasciitis/ epicondylitis; diabetes; hypertension, and medical problems. The patient remained TTD with anticipation of P&S in July 2014. Report of 9/7/12 noted patient had developed right shoulder rotator cuff injury and carpal tunnel syndrome s/p release surgery. Diagnoses include chronic neuropathic pain; related to entrapment neuropathy; however, the possibility of cervicogenic disease needs to be considered. Report of 1/10/14 from the provider noted the patient is s/p left shoulder arthroscopy with SAD, SLAP lesion repair, open biceps tenodesis on 10/8/13. Exam showed right shoulder with guarded limited range and positive impingement; elbow with negative Tinel's and tenderness over medial and lateral epicondyles with intact sensation without evidence of muscle atrophy. Report of 10/3/14 from the provider noted the patient with chronic ongoing symptoms; elbow pain was worsening rated at 8-10/10 without and 6-10/ with medication; the patient had [REDACTED]. The request(s) for 1 prescription for Oxycodone 15mg #120 was non-certified on 10/11/14 citing guidelines criteria and lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 prescription for Oxycodone 15mg #120: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids  
Page(s): 74-96.

**Decision rationale:** Per the MTUS Guidelines cited, opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities or decreased in medical utilization. There is no evidence presented of random drug testing or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain for this chronic injury without acute flare, new injury, or progressive deterioration. The 1 prescription for Oxycodone 15mg #120 is not medically necessary and appropriate.