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| <b>Case Number:</b>   | CM14-0098812 |                              |            |
| <b>Date Assigned:</b> | 07/28/2014   | <b>Date of Injury:</b>       | 05/16/2012 |
| <b>Decision Date:</b> | 10/01/2014   | <b>UR Denial Date:</b>       | 06/23/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 06/27/2014 |

### 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 California and Nevada. 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 33 year old female who had a work related injury on 05/16/12, mechanism of injury is not described. The most recent clinical record submitted for review is dated 05/27/14. The injured worker presents with neck and right shoulder pain. The injured worker has ongoing pain in the neck and shoulders. It radiates down the arms. The injured worker describes her pain as aching, dull, sharp, stabbing, burning, stinging, cramping, shooting, nagging, severe, throbbing and radiating. The injured worker rates her pain 8/10. The pain is constant, lasting throughout the day all day. It is exacerbated by bending, carrying, cold, coughing, crouching, driving, pulling, pushing, reaching, rolling in bed, sexual activity, sneezing and standing. The injured worker has tried a transcutaneous electrical nerve stimulation unit with no relief. The injured worker is able to tolerate sitting for up to 25 minutes, standing for 25 minutes and walking for 25 minutes. The injured worker is able to complete the following activities with some difficulty: bathing, cleaning, cooking, dressing, driving, grooming, sexual activity. The injured worker rated her ability to complete the following activities on a scale of 0 to 10 with 0 being no difficulty: walking 0/10, sitting 2/10, getting out of a chair/off the toilet 0/10, chores/housework 6/10, personal care 6/10, sexual activity 5/10, driving 3/10. Current medications are Norco 7.5/325 mg, amitriptyline, oxycodone 30 mg tablets, diclofenac, vitamin A and D ointment, Prozac. Physical examination she appears well nourished, well developed and well groomed. The injured worker is in no apparent distress. Mood and affect are appropriate. No edema noted in the extremities. No warmth over the joints noted. No erythema noted over joints. Crepitus noted bilateral shoulders. Tenderness to palpation in the biceps tendon bilaterally. Trigger points palpated in the upper trapezius, lower trapezius. Shoulders range of motion flexion on the left is 160 degrees, on the right is 160 degrees. Abduction is 160 degrees bilaterally. Manual motor testing left shoulder is 5/5 in forward flexion, right shoulder is

4-/5 in forward flexion. Paresthesias to light touch noted in digits 3-5 on the left hand. There is decreased sensation to light touch to digit 2 on the right hand. Hyperesthesia to light touch is noted in the digits 3-5 on the right. Reflexes are 2+ in the upper extremities. Spurling's test is positive. Hawkins test is positive on the right, Speed's test is positive indicates the right. Tinel's sign at the elbow is positive on the left and on the left wrist. Diagnosis rotator cuff syndrome. Frozen shoulder. Myofascial pain. Chronic pain syndrome. Urine drug screening on 04/01/14 was inconsistent it was negative for all drugs. The injured worker was on hydrocodone, oxycodone and amitriptyline. Prior utilization review on 06/13/14 was non-certified. Current request is for oxycodone 30 mg #90.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Oxycodone 30 mg #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 92 of 127.

**Decision rationale:** Current evidenced-based guidelines indicate patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is insufficient documentation regarding the functional benefits and functional improvement obtained with the continued use of narcotic medications. Documentation does not indicate a significant decrease in pain scores with the use of medications. The urine drug screen was inconsistent and was not addressed on the follow-up visit. Therefore, the request for Oxycodone 30 mg, ninety count, is not medically necessary or appropriate.