

Case Number:	CM14-0213652		
Date Assigned:	12/31/2014	Date of Injury:	05/29/1996
Decision Date:	02/25/2015	UR Denial Date:	12/12/2014
Priority:	Standard	Application Received:	12/22/2014

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. 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: California

Certification(s)/Specialty: Physical Medicine & Rehabn

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 patient is a 62 year old male with an injury date on 5/29/96. The patient complains of continued right shoulder pain that radiates to the finger, pain rated 9/10 on average without pain medications per 11/26/14 report. The patient states that the pain is aggravated by position change per 11/26/14 report. The patient describes an increase in right shoulder pain that is constant, aching, and sharp per 6/24/14 report. Based on the 11/26/14 progress report provided by the treating physician, the diagnoses are: 1. Primary localized osteoarthritis, shoulder region 2. Adhesive capsulitis of shoulder 3. Cervical spondylosis without myelopathy 4. Other specified disorder of rotator cuff syndrome of shulder and allied disorders 5. Lumbosacral spondylosis without myelopathy 6. Unspecified disorders of bursae and tendons in shoulder region 7. Complete rupture of rotator cuff A physical exam on 11/26/14 showed "right shoulder range of motion is limited with flexion at 80 degrees." The patient's treatment history includes medications, trigger point injection, epidural steroid injection, MRI, CT scan, X-ray. The treating physician is requesting 1 prescription for oxycodone 15mg #90 between 11/26/14 and 2/7/15. The utilization review determination being challenged is dated 12/12/14. The requesting physician provided treatment reports from 3/25/14 to 11/26/14.

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 #90 between 11/26/2014 and 2/7/2015: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids; Medication for chronic pain Page(s): 88-89, 76-78; 60-61.

Decision rationale: This patient presents with right shoulder pain. The patient has been taking Oxycodone since 3/25/14. For chronic opioids use, MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In this case, the treating physician indicates a decrease in pain with current medications which include Oxycodone, stating "pain is improved by medication" per 9/18/14 report. But there is no discussion of this medication's efficacy in terms of functional improvement using numerical scale or validated instrument. Quality of life change, or increase in specific activities of daily living are not discussed. There is no discussion of return to work or change in work status attributed to the use of the opiate. Urine toxicology has been asked for but no other aberrant behavior monitoring is provided such as CURES report. Given the lack of sufficient documentation regarding chronic opiate management as required by MTUS, the request is not medically necessary.