

Case Number:	CM14-0214454		
Date Assigned:	01/07/2015	Date of Injury:	06/19/2000
Decision Date:	02/19/2015	UR Denial Date:	12/17/2014
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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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 70 year old male with date of injury 6/19/00. The mechanism of injury is stated as a box falling on the patient. He has complained of neck pain and right shoulder pain since the date of injury. He has been treated with physical therapy, trigger point injection, TENS unit and medications. There are no radiographic data included for review. Objective: decreased and painful range of motion of the cervical spine and right shoulder, tenderness to palpation of the right trapezius muscle, tenderness of the right subacromial bursa. Diagnoses: right trapezius myofascial pain, right subdeltoid bursitis, cervicgia. Treatment plan and request: Blinded Pain Cocktail Oxycodone 15mg per 20 cc SF syrup #640 cc.

IMR ISSUES, DECISIONS AND RATIONALES

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

Blinded Pain Cocktail Oxycodone 15mg per 20 cc SF syrup #640 cc: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Therapeutic trial of opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-85, 88-89.

Decision rationale: This 70 year old male has complained of neck pain and right shoulder pain since date of injury 6/19/00. He has been treated with physical therapy, trigger point injection, TENS unit and medications to include opioids since at least 07/2014. No treating physician reports adequately assess the patient with respect to function, specific benefit, return to work, signs of abuse or treatment alternatives other than opioids. There is no evidence that the treating physician is prescribing opioids according to the MTUS section cited above which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract and documentation of failure of prior non-opioid therapy. On the basis of this lack of documentation and failure to adhere to the MTUS guidelines, blinded pain cocktail Oxycodone 15mg per 20 cc SF syrup #640 cc is not indicated as medically necessary.