

Case Number:	CM15-0008399		
Date Assigned:	01/26/2015	Date of Injury:	06/30/2012
Decision Date:	03/17/2015	UR Denial Date:	12/16/2014
Priority:	Standard	Application Received:	01/14/2015

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, Indiana, New York
Certification(s)/Specialty: Internal Medicine

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 45 year old male, who sustained an industrial injury on June 30, 2012. He has reported injury to his right shoulder during a slip and fall. The diagnoses have included disorders of bursa of shoulder region, enthesopathy of shoulder region, shoulder joint pain and chronic pain syndrome. Treatment to date has included diagnostic studies, physical therapy, injections and medications. Surgery was scheduled for January 2015. Currently, the injured worker complains of bilateral shoulder pain. He stated his Oxycodone medication helps to control his pain. The pain level ranges from a 5-8 on a 1-10 pain scale. On December 16, 2014, Utilization Review non-certified Oxycodone 15 milligrams #150, noting the California Medical Treatment Utilization Schedule, American College of Occupational and Environmental Medicine and Official Disability Guidelines. On January 14, 2015, the injured worker submitted an application for Independent Medical Review for review of Oxycodone 15 milligrams #150.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone 15 mg #150: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates
Page(s): 74-96. Decision based on Non-MTUS Citation Pain section, Opiates

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Oxycodone 15 mg #150 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increase level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. In this case, the injured worker's working diagnoses are disorder of bursa of the shoulder; enthesopathy of shoulder region; shoulder joint pain; and chronic pain syndrome. Subjectively, the worker complains of right shoulder pain. Objectively, shoulder range of motion is limited. The documentation indicates Oxycodone 15 mg was prescribed by the treating physician in the earliest progress note dated May 9, 2014. This appears to be a refill and it is unclear as to the exact start date. The documentation does not contain evidence of objective functional improvement. There are no detailed pain assessments regarding the opiates and there were no risk assessments in the medical record. Consequently, absent clinical documentation with objective functional improvement to support the ongoing use of Oxycodone 15 mg in association with risk assessments and detailed pain assessments, Oxycodone 15 mg #150 is not medically necessary.