

<b>Case Number:</b>	CM15-0010532		
<b>Date Assigned:</b>	01/28/2015	<b>Date of Injury:</b>	06/22/2010
<b>Decision Date:</b>	03/24/2015	<b>UR Denial Date:</b>	01/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/20/2015

### 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  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 35 year old male, who sustained an industrial injury on 6/22/2010. On 1/19/15, the injured worker submitted an application for IMR for review of Oxycodone 10mg, 1 Tab Every 6 Hours As needed, #90, x2 Months, Prescribed 12/23/14. The treating provider has reported the injured worker complained of right shoulder, chest, and low back and upper extremity pain. The diagnoses have included cervical spine strain, lumbar spine strain, bilateral shoulder pain, chest wall pain, and chronic intractable pain, lumbago with left sciatica, adjustment disorder with depressed mood and chronic neck pain. Treatment to date has included status post clavicle fracture right side with subsequent hardware removal, status post right shoulder SLAP repair (8/12/13), MRI right shoulder 5/14/13, MRI lumbar. On 1/2/15 Utilization Review non-certified Oxycodone 10mg, 1 Tab Every 6 Hours As needed, #90, x2 Months, Prescribed 12/23/14. The MTUS Chronic Pain Medical Treatment Guidelines were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Oxycodone 10mg, 1 Tab Every 6 Hours As Needed, #90, x2 Months, Prescribed 12/23/14:**  
 Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

**Decision rationale:** This patient presents with right shoulder pain, chest pain, upper extremity pain, and lower back pain. The treater has asked for OXYCODONE 10MG 1 TAB EVERY 6 HOURS AS NEEDED #90 X 2 MONTHS PRESCRIBED 12/23/14. Patient has been taking Oxycodone since 1/9/14 report. 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 treater indicates a decrease in pain with current medications which include Oxycodone, stating "the medicines help the most to relieve pain" per 12/23/14 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 was performed for on 11/6/14 but the results were not included in documentation. No other aberrant behavior monitoring is provided such as CURES report. Given the lack of sufficient documentation regarding chronic opiates management as required by MTUS, a slow taper off the medication is recommended at this time. The request IS NOT medically necessary.