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| <b>Case Number:</b>   | CM15-0010843 |                              |            |
| <b>Date Assigned:</b> | 01/28/2015   | <b>Date of Injury:</b>       | 05/29/1996 |
| <b>Decision Date:</b> | 03/24/2015   | <b>UR Denial Date:</b>       | 01/13/2015 |
| <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: Arizona, Michigan

Certification(s)/Specialty: Preventive Medicine, Occupational 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 63 year old male with an industrial injury dated 05/29/1996. His diagnoses include subacromial bursitis, long term drug use, cervical spondylosis without myelopathy, lumbar spondylosis without myelopathy, and osteoarthritis of the shoulder. Recent diagnostic testing was not provided or discussed. He has been treated with epidural steroid injections, oral medications, and activity restrictions. In a progress note dated 12/24/2014, the treating physician reports sharp right shoulder pain with radiation to the fingers with a pain rating of 9/10 without medication. The pain was noted to be improved with medication but the duration of medication effects was noted to be 30 minutes or less. The objective examination revealed decreased range of motion in the right shoulder, positive right shoulder impingement test, positive right shoulder supraspinatus test, and pain with range of motion. The treating physician is requesting oxycodone which was modified by the utilization review. On 01/13/2015, Utilization Review modified a prescription for oxycodone 15mg #90 to the approval of oxycodone 15mg #40, noting the lack of objective functional improvement or gains from use of this medication with the recommendation of weaning. The MTUS Guidelines were cited. On 01/20/2015, the injured worker submitted an application for IMR for review of oxycodone 15mg #90.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Oxycodone 15 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 Opioids Page(s): 74-96..

**Decision rationale:** The MTUS recommends specific documentation guidelines for on-going treatment with Opioids and recommends discontinuing if there is no overall improvement in function unless there are extenuating circumstances. Opioids should be continued if the patient has returned to work and if the patient has improved functioning and pain. Long term users should be reassessed following specific criteria as listed in the MTUS, and hyperalgesia should always be considered whenever there is a change in pain pattern or persistence in pain at higher levels than expected, in which situation weaning is recommended as opposed to escalating the dose. A review of the injured workers medical records show that he only gets 30 minutes of pain relief, he is having persistent pain and he does not appear to be having a satisfactory response to opioids, therefore based on his clinical presentation and the guidelines the request for Oxycodone 15 MG #90 is not medically necessary.