

<b>Case Number:</b>	CM15-0018482		
<b>Date Assigned:</b>	02/06/2015	<b>Date of Injury:</b>	02/12/2013
<b>Decision Date:</b>	03/25/2015	<b>UR Denial Date:</b>	01/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/30/2015

### 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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & Gen Prev Med

### 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 55 year old who sustained an industrial injury on 02/12/2013. He has right leg pain and shoulder pain. Diagnoses include chronic right shoulder pain, and tendinosis. Treatment to date has included medications, physical therapy, and injections. A physician progress note dated 12/15/2014 documents the injured worker 's pain in his right shoulder is rated 3 out of 10 at the time of the visit, though it sometimes gets to 10 out of 10. Treatment requested is for Oxycodone/Hydrochloride 10mg, #480. On 01/15/2015 Utilization Review modified the request for Oxycodone/Hydrochloride 10mg, #480, to Oxycodone/Hydrochloride 10mg, # 120, and cited was Oxycodone/Hydrochloride 10mg-Opioids.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Oxycodone/Hydrochloride 10mg, #480:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, On-going Management; Oxycodone.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone, Opioids Page(s): 51 and 74-95.

**Decision rationale:** ODG does not recommend the use of opioids for pain except for short use for severe cases, not to exceed 2 weeks. The patient has exceeded the 2 week recommended treatment length for opioid usage. MTUS does not discourage use of opioids past 2 weeks, but does state that ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The treating physician does not fully document the least reported pain over the period since last assessment, intensity of pain after taking opioid, pain relief, increased level of function, or improved quality of life. Additionally, medical documents indicate that the patient has been on an opioid since 2013, in excess of the recommended 2-week limit. The treating physician does not detail sufficient information to substantiate the need for continued opioid medication. Prior utilization reviews have noted the need for tapering and weaning. As such, the question for Oxycodone/Hydrochloride 10mg, #480 is not medically necessary.