

Case Number:	CM15-0112742		
Date Assigned:	06/19/2015	Date of Injury:	03/07/2005
Decision Date:	07/17/2015	UR Denial Date:	06/03/2015
Priority:	Standard	Application Received:	06/11/2015

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, California
 Certification(s)/Specialty: Family Practice

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 53 year old female, who sustained an industrial injury on 3/07/2005. Diagnoses include right shoulder pain, chronic pain and status post right shoulder surgery x3. Treatment to date has included multiple surgical interventions, diagnostics, TENS unit, acupuncture, suprascapular nerve block, physical therapy and medications including Norco, Percocet, Anaprox and Prilosec. Per the Pain medicine Reevaluation dated 3/30/2015, the injured worker reported neck pain with radiation down the right upper extremity, low back pain with radiation down the right lower extremity, and pain in the right shoulder with associated numbness and tingling. She is status post righty suprascapular nerve block (2/21/2014) for which she reports no overall improvement. Physical examination of the upper extremity revealed a well healed scar (5 arthroscopies, one open anterior). Tenderness is noted on palpation at the right scapula, right long head biceps, right rotator cuff, right acromioclavicular joint, right anterior shoulder and right posterior shoulder. The range of motion of the right shoulder was decreased due to pain. The plan of care included injections and medications and authorization was requested for Oxycodone/APAP 5/325mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone w/APAP 5/325 #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 82-92.

Decision rationale: Oxycodone is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Norco in the past. The pain levels were high and Oxycodone was provided. No one opioid is superior to another and the morphine equivalence is similar. Failure of NSAIDs and Tylenol is not noted. Continued use of Oxycodone is not medically necessary.