

<b>Case Number:</b>	CM15-0044032		
<b>Date Assigned:</b>	04/13/2015	<b>Date of Injury:</b>	09/26/2008
<b>Decision Date:</b>	06/11/2015	<b>UR Denial Date:</b>	02/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/03/2015

### 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: Texas, New York, California  
 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 applicant is a represented 43-year-old who has filed a claim for chronic shoulder pain reportedly associated with an industrial injury of September 26, 2008. In a Utilization Review report dated February 20, 2015, the claims administrator approved a request for Colace while denying requests for Percocet and OxyContin. The applicant had undergone earlier shoulder surgery on November 8, 2011, the claims administrator noted. A progress note dated January 16, 2015 was referenced in the determination. The applicant's attorney subsequently appealed. On November 24, 2014, the applicant reported persistent complaints of shoulder pain. The applicant was pending a shoulder MRI. The applicant was asked to employ Valium for claustrophobia prior to said shoulder MRI. In a RFA form dated January 20, 2015, authorization for shoulder surgery, postoperative physical therapy, a sling, Percocet, OxyContin, and Colace was sought, without much supporting information. In a February 24, 2015 Utilization Review report, the claims administrator failed to approve requests for said shoulder surgery and associated postoperative supplies.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Percocet 10/325mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

**Decision rationale:** No, the request for Percocet, a short-acting opioid, was not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant's work status was not outlined on a November 24, 2015 progress note. There was no discussion of medication selection and/or medication efficacy on that date. No clinical progress notes were attached to the January 20, 2015 RFA form on which Percocet was sought. The attending provider failed to outline any quantifiable decrements in pain or meaningful commentary on improvements in function affected as a result of ongoing Percocet usage. Therefore, the request was not medically necessary.

**Oxycontin 10mg #28:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

**Decision rationale:** Similarly, the request for OxyContin, a long-acting opioid, was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain effected as a result of the same. Here, however, the applicant's work status was not outlined on a November 24, 2014 progress note. There was no discussion of medication selection and/or medication efficacy on that date. The attending provider likewise did not attach any clinical progress notes in the January 20, 2015 RFA form. There was no evidence that the applicant had affected either quantifiable decrements in pain or meaningful, material improvements in function as a result of ongoing OxyContin usage. Therefore, the request was not medically necessary.