

<b>Case Number:</b>	CM15-0073994		
<b>Date Assigned:</b>	04/24/2015	<b>Date of Injury:</b>	05/22/2014
<b>Decision Date:</b>	05/26/2015	<b>UR Denial Date:</b>	04/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/17/2015

### 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: Indiana

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:

This 43 year old male sustained an industrial injury to the right shoulder on 5/22/14. The injured worker underwent right rotator cuff repair on 2/26/15. In a PR-2 dated 3/31/15, the injured worker complained of pain to the right shoulder and thoracic spine. The injured worker presented a police report stated that 30 tablets of oxycodone were stolen from his car. Current diagnoses included disorder of shoulder and chronic pain syndrome. The physician noted that the injured worker was experiencing thoracic spine pain because of shoulder pain and immobility. The physician stated that he suspected that once the injured worker could move more freely and be free of wearing the sling, his back pain would improve as well. In the meantime, the injured worker was able to manage his pain with medications. The treatment plan included medications (Oxycodone and MS Contin).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Oxycodone 10 mg (5 times a day as needed) Qty 150, refills 0:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 91-94.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic) and Pain, Opioids.

**Decision rationale:** Oxycodone is the generic version of Oxycotin, which is a pure opioid agonist. ODG does not recommend the use of opioids for low back 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. The requested quantity of 150 is in excess of guidelines. Therefore, the request is not medically necessary.