

<b>Case Number:</b>	CM15-0076738		
<b>Date Assigned:</b>	04/28/2015	<b>Date of Injury:</b>	04/08/2011
<b>Decision Date:</b>	07/02/2015	<b>UR Denial Date:</b>	03/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/21/2015

### 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: New Jersey, Alabama, California  
 Certification(s)/Specialty: Neurology, Neuromuscular 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 59 year old female, who sustained an industrial injury on 4/8/11. The diagnoses have included chronic right shoulder pain, right rotator cuff tendinitis, right shoulder degenerative joint disease (DJD), partial tear of rotator cuff, cervical radiculopathy, lumbar strain/sprain and fibromyalgia and myositis. Treatment to date has included medications, diagnostics, surgery, physical therapy, pain management, and other modalities. Currently, as per the physician progress note dated 1/13/15, the injured worker complains of severe right shoulder pain which is unchanged. She reports that Oxycodone has been denied and has some left but has been taking it sparingly. The physical exam reveals that she is in mild distress, there is moderate right acromioclavicular tenderness and reduced range of motion of the right shoulder. The current medications included Oxycodone, Flector patch, Flexeril, Gabapentin and Paxil. There is no urine drug screen report noted in the records. The physician noted that the injured worker requires narcotics on a long term basis in order to reduce her pain and help her with her activities of daily living (ADL) and she is having a difficult time without the Oxycodone. The physician requested treatment included Oxycodone-Acetaminophen 10/325 mg quantity of 120.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Oxycodone-Acetaminophen 10/325 mg Qty 120: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids page(s): 76-78, 80, 91, 124.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids page(s): 76-79.

**Decision rationale:** According to MTUS guidelines, ongoing use of opioids should follow specific rules: “(a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy. (b) The lowest possible dose should be prescribed to improve pain and function. (c) Office: 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. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework.” The patient has been using opioids for long period of time without recent documentation of full control of pain and without any documentation of functional or quality of life improvement. There is no clear documentation of patient improvement in level of function, quality of life, adequate follow up for absence of side effects and aberrant behavior with a previous use of narcotics. Therefore the prescription of Oxycodone-Acetaminophen 10/325 mg Qty 120 is not medically necessary.