

Case Number:	CM13-0066230		
Date Assigned:	01/10/2014	Date of Injury:	05/09/2002
Decision Date:	05/20/2014	UR Denial Date:	12/04/2013
Priority:	Standard	Application Received:	12/16/2013

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 59 year-old male who sustained an injury on 5/9/02 while employed by [REDACTED]. The request under consideration is Oxycodone HCL- Acetaminophen 10/325 mg #120. The diagnosis is chronic pain syndrome. The report of 9/5/13 from the provider noted the patient stating his spinal cord stimulator is helping his pain to some degree; intensity of constant pain in the right groin can vary depending on the day. The medications listed are Lyrica, Zanaflex, Miralax, Cymbalta, and Arthrotec; all of which helps with his pain. He has not been able to wean completely off opiates. Diagnoses include unspecified reflex sympathetic dystrophy; unspecified myalgia and myositis. The treatment included continuing with all medications. The report of 11/11/13 from the provider noted the patient with ongoing pain. The spinal cord stimulator is helping with the pain symptoms. The exam noted antalgic gait, using ice to the groin. On 12/4/13, the request for the Oxycodone with Acetaminophen was modified from #120 to #90 to assist in the weaning process off opioids citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

OXYCODONE HCL- ACETAMINOPHEN 10/325 MG, #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 80-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids; On-Going Management Page(s): 74-96.

Decision rationale: Per the California MTUS Guidelines cited, opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). The submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or change in work status. The California MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain. The Oxycodone HCL- Acetaminophen 10/325 mg #120 is not medically necessary and appropriate.