

Case Number:	CM14-0105212		
Date Assigned:	07/30/2014	Date of Injury:	02/12/2003
Decision Date:	09/09/2014	UR Denial Date:	06/09/2014
Priority:	Standard	Application Received:	07/08/2014

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 Anesthesiology and Pain Medicine and is licensed to practice in Florida. 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 injured worker is a male of unknown age who reported an unknown injury on 02/12/2003. On 07/30/2014, his diagnoses included Panner's syndrome status post multiple interventions to the elbow, status post arthroscopy, followed by removal of radial head implant, triceps rupture, failed repair of Achilles tendon graft with infection, skin slough, skin graft eventually what appears to be redundant graft removal as well as reattachment of the triceps in 06/2014, mild wrist joint inflammation due to radio ulnar joint dysfunction, depression, and weight gain of 50 pounds. His medications included Zofran 8 mg, Terocin patches, Oxycodone 30 mg, OxyContin 80 mg, Xanax 1 mg, and Lunesta 3 mg. There was no rationale or Request for Authorization included in this worker's chart.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone 30mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Oxycodone (Oxycontin): (Product information, Purdue Pharma) Long-term Users of Opioids (6 months or more).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-95..

Decision rationale: The request for oxycodone 30 mg #180 is non-certified. The California MTUS Guidelines recommend ongoing review of opioid use, including documentation of pain relief, functional status, appropriate medication use, and side effects. It should include current pain, intensity of pain before and after taking the opioid, how long it takes for pain relief, and how long the pain relief lasts. Satisfactory response to treatment may be indicated by 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. In most cases, analgesic treatment should begin with acetaminophen, aspirin, NSAIDs, antidepressants, and/or anticonvulsants. When these drugs do not satisfactorily reduce pain, opioids may be added to but not substituted for the less efficacious drugs. There was no documentation in the submitted chart regarding appropriate long term monitoring, evaluations including psychosocial assessment, side effects, failed trials of NSAIDs, aspirin, antidepressants, or anticonvulsants, quantified efficacy, drug screens or collateral contacts. Additionally, there was no frequency specified in the request. Since this worker is taking more than 1 opioid medication, without the frequency, morphine equivalency dosage could not be calculated. Therefore, this request for oxycodone 30 mg #180 is non-certified.

Oxycodone 30mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Oxycodone(Oxycontin) Opioids, dosing: Opioid Dosing Calculator: Morphine Equivalent Dose (MED) factor: Weaning of Medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: The request for oxycodone 30 mg #180 is non-certified. The California MTUS Guidelines recommend ongoing review of opioid use, including documentation of pain relief, functional status, appropriate medication use, and side effects. It should include current pain, intensity of pain before and after taking the opioid, how long it takes for pain relief, and how long the pain relief lasts. Satisfactory response to treatment may be indicated by 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. In most cases, analgesic treatment should begin with acetaminophen, aspirin, NSAIDs, antidepressants, and/or anticonvulsants. When these drugs do not satisfactorily reduce pain, opioids may be added to but not substituted for the less efficacious drugs. There was no documentation in the submitted chart regarding appropriate long term monitoring, evaluations including psychosocial assessment, side effects, failed trials of NSAIDs, aspirin, antidepressants, or anticonvulsants, quantified efficacy, drug screens or collateral contacts. Additionally, there was no frequency specified in the request. Since this worker is taking more than 1 opioid medication, without the frequency, morphine equivalency dosage could not be calculated. Therefore, this request for oxycodone 30 mg #180 is non-certified.