

Case Number:	CM14-0019237		
Date Assigned:	04/21/2014	Date of Injury:	01/29/2005
Decision Date:	07/18/2014	UR Denial Date:	02/03/2014
Priority:	Standard	Application Received:	02/14/2014

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 Occupational Medicine 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 66-year-old male who has submitted a claim for coronary artery disease, and congestive heart failure associated with an industrial injury date of January 28, 2005. Medical records from 2013-2014 were reviewed. Most of the medical records were handwritten and illegible. There was sparse subjective and objective information. The patient complained of multiple organ failure. The patient was very weak and fatigued. He can't walk like he did before. The patient had multiple severe pain in the neck, lower back, and abdomen. Physical examination showed blood pressure of 120/90, pulse rate of 65 beats per minute. Oxygen saturation was 98%. There was diffuse and sustained point of maximal impulse, normal S1 and S2, and no murmurs. Musculoskeletal, abdominal and neurologic exam was normal. Echocardiogram, dated March 2012, revealed marked left ventricular dilation, global hypokinesis with left ventricular ejection fraction of 30-35% and mild aortic root dilation. Utilization review, dated February 3, 2014, modified the request for Oxycodone 10mg qty:120 to Oxycodone 10mg qty: 90; retrospective (11/22/13): Oxycodone 10mg qty: 120 to retrospective (11/22/13): Oxycodone 10mg qty: 90; and retrospective (12/23/13): Oxycodone 10mg qty: 120 to retrospective (12/23/13): Oxycodone 10mg qty: 90; to initiate a weaning process and because there was no documented symptomatic or functional improvement from its previous usage.

IMR ISSUES, DECISIONS AND RATIONALES

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

OXYCODONE 10MG, #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Section Page(s): 78.

Decision rationale: As stated on page 78 of CA MTUS Chronic Pain Medical Treatment Guidelines, there are 4 A's for ongoing monitoring of opioid use: pain relief (analgesia), side effects (adverse side effects), physical and psychosocial functioning (activities of daily living) and the occurrence of any potentially aberrant drug-related behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, it was not known when the patient started to take Oxycodone. There was sparse subjective and objective information on the medical records submitted. The rationale for the present request was not provided. Specific measures of analgesia and functional improvements such as improvements in activities of daily living were not documented. There was also no documentation of adverse effects or aberrant drug-taking behaviors. MTUS Guidelines require clear and concise documentation for ongoing management. Therefore, the request for Oxycodone 10MG, #120 is not medically necessary.

RETROSPECTIVE OXYCODONE 10MG #120 WITH A DATE OF SERVICE OF 11/22/13: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Section Page(s): 78.

Decision rationale: As stated on page 78 of CA MTUS Chronic Pain Medical Treatment Guidelines, there are 4 A's for ongoing monitoring of opioid use: pain relief (analgesia), side effects (adverse side effects), physical and psychosocial functioning (activities of daily living) and the occurrence of any potentially aberrant drug-related behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, it was not known when the patient started to take Oxycodone. There was sparse subjective and objective information on the medical records submitted. The rationale for the present request was not provided. Specific measures of analgesia and functional improvements such as improvements in activities of daily living were not documented. There was also no documentation of adverse effects or aberrant drug-taking behaviors. MTUS Guidelines require clear and concise documentation for ongoing management. Therefore, the request for retro: oxycodone 10mg, #120; 11/22/13 was not medically necessary.

RETROSPECTIVE OXYCODONE 10MG #120 WITH A DATE OF SERVICE OF 12/23/13: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Section Page(s): 78.

Decision rationale: As stated on page 78 of CA MTUS Chronic Pain Medical Treatment Guidelines, there are 4 A's for ongoing monitoring of opioid use: pain relief (analgesia), side effects (adverse side effects), physical and psychosocial functioning (activities of daily living) and the occurrence of any potentially aberrant drug-related behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, it was not known when the patient started to take Oxycodone. There was sparse subjective and objective information on the medical records submitted. The rationale for the present request was not provided. Specific measures of analgesia and functional improvements such as improvements in activities of daily living were not documented. There was also no documentation of adverse effects or aberrant drug-taking behaviors. MTUS Guidelines require clear and concise documentation for ongoing management. Therefore, the request for retro: oxycodone 10mg, #120; 12/23/13 was not medically necessary.