

Case Number:	CM14-0153786		
Date Assigned:	09/23/2014	Date of Injury:	03/14/2008
Decision Date:	11/21/2014	UR Denial Date:	09/10/2014
Priority:	Standard	Application Received:	09/19/2014

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 Pain Management 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 injured worker is a 64 year old male with a date of injury on 3/14/2008. He is diagnosed with (a) carpal tunnel syndrome, (b) shoulder impingement, and (c) neuropathy peripheral. Most recent records dated 10/7/2014 documents that the injured worker has had wrist surgery and he was still healing. No significant changes were noted and drug testing was consistent. A right shoulder examination noted bicipital groove tenderness present as well as acromioclavicular joint tenderness. Active range of motion was limited with pain elicited. Mild to moderate atrophy of the deltoid was noted. Bicep strength and deltoid strength was 4/5. Left hand/wrist examination noted moderate dorsal wrist tenderness. Right hand/wrist examination noted moderate midcarpal tenderness. Two point discrimination on the radial side of both thumbs was 11-mm, the ulnar side of both thumbs was 11-mm, the radial side of both index fingers was 11-mm, and the ulnar side of both index fingers was 11-mm.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone TAB 30 MG Days supply: qty: 15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-80.

Decision rationale: The records do not specifically indicate which aspect of the current clinical presentation the requested Oxycodone is for. It is unclear if the requested Oxycodone is for chronic pain or post-operative use. Also, records indicate that Oxycodone has been recommended to be weaned off since January 2014 however the medication is still being continued and used by the injured worker based on the most recent records. It is noted that the injured worker underwent surgery on 8/12/2014. However, given the gap between the operation and the request, there is no indication of quantifiable or measurable pain score measures that can be used to compare baseline pain scores. With this, it can be concluded that the requested oxycodone is being used in the long-term in spite of the recommendations to discontinue this medication due to absence of evidence of significant decrease in pain levels as well as functional improvements. Based on the above, it is evident that Oxycodone is being used in the chronic term reference guidelines indicate that there should be evidence of significant decrease in pain levels as well as significant functional improvements in order to substantiate the continued use of opioids. Moreover, there are no extenuating factors or justifications presented to help understand the medical necessity of the continued of oxycodone. Hence, the injured worker do not meet the criteria for ongoing management or continued use of opioids. Therefore the request for Oxycodone Tab 30 mg Days supply quantity 15 is not medically necessary.