

Case Number:	CM14-0175130		
Date Assigned:	10/28/2014	Date of Injury:	10/21/2009
Decision Date:	12/04/2014	UR Denial Date:	10/07/2014
Priority:	Standard	Application Received:	10/22/2014

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 Physical Medicine and Rehabilitation, has a subspecialty 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:

This is a patient with a date of injury of 10/21/2009. A utilization review determination dated 10/7/2014 recommended non-certification for the requested Oxycodone 5mg #100 stating that the patient has been on this medication for carpal tunnel syndrome for 5 years, and that patients with carpal tunnel syndrome usually do not require this amount of Oxycodone or narcotics per day to control their pain. Based on the exam the need for this medication was not apparent. It goes on to state that perhaps the patient needs a carpal tunnel release at this point. A progress report dated 8/25/14 indicates the patient presented with continued pain to the right wrist and hand. Current medications are Colace and Oxycodone 5mg. Electrodiagnostic studies were reviewed and show moderate carpal tunnel syndrome in the right wrist. The patient continues to work at her clerical duties which require a lot of typing and this increases her pain. Pain was rated at 5/10 with medication and 8/10 without medication. Objective findings indicate that there is tenderness with palpation to the right wrist and the patient had a positive Phalen's and Tinel's test. Range of motion was normal. Diagnoses were Pain wrist/forearm and Carpal Tunnel Syndrome. Treatment plan indicates that the patient was advised to be seen for evaluation and possible surgery, continue vocational rehabilitation, and continue to work on a modified basis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone 5 mg # 100 dispensed on 8/25/2014: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 44, 47, 75-79, 120.

Decision rationale: Regarding the request for Oxycodone (Roxicodone), California Pain Medical Treatment Guidelines state that Oxycodone is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the medication is improving the patient's function (in terms of specific examples of functional improvement), no documentation regarding side effects, and no discussion regarding aberrant use. As such, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested Oxycodone (Roxicodone) is not medically necessary.