

Case Number:	CM14-0044937		
Date Assigned:	07/02/2014	Date of Injury:	10/30/2001
Decision Date:	08/22/2014	UR Denial Date:	03/18/2014
Priority:	Standard	Application Received:	04/11/2014

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 has a subspecialty in 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 50-year-old male who reported an injury on 11/22/2001, due to an unknown mechanism. The injured worker, on 02/25/2014, was diagnosed with hepatitis B, cervical sprain/strain with spondylosis, post-traumatic concussion-type headaches with cervicogenic headaches, bilateral shoulder pain with tendinopathies, history of chronic medial and lateral epicondylitis in the elbows, history of cubital release to the right elbow with ongoing symptoms, and status post bilateral carpal tunnel releases with ongoing symptoms in the right hand. The injured worker underwent bilateral carpal tunnel release with ongoing symptoms in the right hand. On 07/05/2012 the injured worker reported pain rated 8/10 to the neck with burning pain to the arms. The injured worker reported he could not grip or hold anything. The injured worker stated he was depressed. The physician noted the injured worker was afebrile. The injured worker reported 9/10 pain to the neck and upper extremity. The neck presented with decreased range of motion. On 07/05/2012, the injured worker was prescribed Norco, Mobic, Zolof, Saphris, and Skelaxin. The injured worker will continue receiving medications to alleviate pain, as well as continue seeing a therapist for depression. The injured worker saw his physician on 01/25/2014. The injured worker rated pain to the right upper extremity at 9/10 and left upper extremity at 7/10. The physician noted limited range of motion to the neck, tenderness in the elbows, and positive Valsalva and Hoffman's test. There was palpable rigidity to the cervical trapezius muscle suggesting spasm. The injured worker is afebrile. The rationale for oxycodone IR 15 mg, 180 tablets, is the injured worker cannot take any pain medication or anti-inflammatory medication containing Tylenol in relation to the ongoing signs and symptoms of chronic hepatitis B. The request for authorization form was signed on 02/28/2014 and made available for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone IR 15mg #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use, On-Going Management, page 78 Page(s): 78.

Decision rationale: The request for oxycodone IR 15 mg # 180 tablets is not medically necessary. The California MTUS Guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include current pain, the least reported pain over the period since last assessment; average pain, intensity of pain after taking the opioid, how long it takes for pain relief, and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The efficacy of this medication has not been demonstrated in that the injured worker continues to report pain of 7-9/10 on the pain scale. There is a lack of documentation indicating the injured worker has significant objective functional improvement with the medication. An adequate and complete pain assessment was not provided within the medical records. Per the clinical, the injured worker is taking this med 4-6 times per day with a limit of 6 per day. The morphine equivalent dosage for this medication 90-135 which would exceed the guideline recommendation is that medications do not exceed 120 medications per day. Additionally, the request does not indicate the frequency at which the medication is prescribed in order to determine the necessity of the medication. As such, the request is not medically necessary and appropriate.