

Case Number:	CM14-0191037		
Date Assigned:	01/06/2015	Date of Injury:	10/04/2006
Decision Date:	02/10/2015	UR Denial Date:	10/21/2014
Priority:	Standard	Application Received:	11/14/2014

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 Family Practice 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 56-year-old male, with a reported date of injury of 10/04/2008. He sustained the injury due to slipped and fell on to his back. The current diagnoses include chronic back pain, hand pain, knee pain, and shoulder pain. Per the doctor's note dated 12/30/2014, he had complaints of knee pain, shoulder pain, chronic back pain and hand pain. The physical examination revealed normal findings. Per the progress note dated 10/20/2014 he had symptoms consistent with moderate to advanced carpal tunnel syndrome, which was much worse on the left side. He had numbness and tingling that occurred with activities such as sleeping, talking on the phone, or driving a vehicle. Physical examination revealed the left hand- thenar atrophy; good range of motion; moderately decreased grip strength; positive Tinel's sign; and a positive Phalen's test. An examination of the right hand showed good range of motion; good strength; and numbness and tingling in the median nerve distribution. The medications list includes gabapentin, oxycodone, skelaxin, zolpidem, protonix and amitriptyline. He has had MRI of the right knee on 10/02/2104, which revealed partial tear of the superior and inner fibers of the medial collateral ligament, strain of the lateral collateral ligament superiorly , tear of the posterior portion of the lateral meniscus, prominent partial tear of the anterior cruciate ligament, bone bruise of the lateral edge of the lateral femoral condyle, and mild tricompartmental degenerative changes of the knee; and an x-ray of the right knee on 10/02/2014, which revealed mild tricompartmental degenerative changes; MRI lumbar spine dated 3/4/2014 which revealed mild disc protrusion at L3-4 and mild spinal stenosis, posterior disc bulging and mild spinal stenosis at L4-5. He has undergone 3 orthopedic surgery and recently left carpal tunnel release. He has had physical therapy visits, chiropractic visits and epidural steroid injection for this injury. Urine sample was collected on 12/30/14. This urine drug screen report is not specified in the records provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone 10mg (unknown quantity): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-48, Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Workers' Compensation, Pain Chapter, Opioids

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-80. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Pain (updated 01/19/15) Opioids, criteria for use.

Decision rationale: Oxycodone is an opioid analgesic. According to CA MTUS guidelines cited above, "A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." The records provided do not specify that that patient has set goals regarding the use of opioid analgesic. The treatment failure with non-opioid analgesics is not specified in the records provided. Other criteria for ongoing management of opioids are: "The lowest possible dose should be prescribed to improve pain and function. Continuing review of overall situation with regard to nonopioid means of pain control. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs." The records provided do not provide a documentation of response in regards to pain control and functional improvement to opioid analgesic for this patient. The continued review of the overall situation with regard to non-opioid means of pain control is not documented in the records provided. As recommended by the cited guidelines a documentation of pain relief, functional status, appropriate medication use, and side effects should be maintained for ongoing management of opioid analgesic, these are not specified in the records provided. A recent urine drug screen report is not specified in the records provided. This patient does not meet criteria for ongoing continued use of opioids analgesic. The request for Oxycodone 10mg (unknown quantity) is not medically necessary.