

Case Number:	CM15-0000878		
Date Assigned:	01/12/2015	Date of Injury:	09/27/2000
Decision Date:	03/13/2015	UR Denial Date:	12/10/2014
Priority:	Standard	Application Received:	01/05/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 55 year old male, who sustained an industrial injury on September 27, 2000. The diagnoses have included bilateral carpal tunnel syndrome and right ulnar transposition. Treatment to date has included an electrodiagnostic study and medications including oral and topical pain, and anti-epilepsy. Currently, the injured worker complains of paresthesia of bilateral hands, which decreased some with anti-epilepsy medication. There was increased pain on the left. On December 10, 2014 Utilization Review non-certified a prescription for Oxycodone HCL 5mg, Qty. 120, noting the lack of current medical records indicating the injured worker's current condition, the lack of current urine drug test, risk assessment profile, attempt at weaning/tapering, an updated and signed pain contract, and the lack of evidence of functional benefit as a result of medication, and the need for continuation. The Medical Treatment Utilization Schedule (MTUS), Chronic Pain Medical Treatment Guidelines: Criteria for use of a therapeutic trial of opioids and opioids for chronic pain were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone HCL 5mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

Decision rationale: The 59 year old male patient, date of injury 09/27/00, presents with bilateral hand paresthesia. The request is for OXYCODONE HCL 5MG #120. The request for authorization was not available. Submitted progress reports have minimal information, handwritten and difficult to read. Patient has full range of motion in fingers with decreased sensation. Patient's current medication include Oxycodone, Lidocaine, Tegretol and Lyrica. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. Treater has not provided reason for the request. In this case, treater has not appropriately addressed the 4A's as required by MTUS. Treater has not stated how Oxycodone decreases pain and significantly improves patient's activities of daily living. There are no discussions regarding adverse side effects, aberrant behavior, specific ADL's, etc. No UDS, CURES or opioid pain contracts were provided. No discussions of change in work status or return to work were provided, either. Given the lack of documentation as required by MTUS, continued use of this medication cannot be warranted. Therefore, the request IS NOT medically necessary.