

Case Number:	CM15-0109139		
Date Assigned:	06/15/2015	Date of Injury:	10/13/2010
Decision Date:	07/20/2015	UR Denial Date:	05/28/2015
Priority:	Standard	Application Received:	06/05/2015

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: Texas, California
 Certification(s)/Specialty: Family Practice

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 43 year old female patient, who sustained an industrial injury on 10/13/2010. She sustained the injury due to a trip and fall incident, sustained while walking on uneven surface. The diagnoses include left wrist internal derangement, early left wrist reflex sympathetic dystrophy/complex regional pain syndrome, status post left wrist arthroscopy with debridement, left scapholunate ligament tear, and left wrist sprain/strain. Per the doctor's note dated 4/30/2015, she had complaints of left wrist and hand pain with radiation into the left forearm. Physical examination revealed a lump under the skin at the base of the 5th left finger, tenderness of the left wrist, hand and forearm, restricted range of motion along with positive hyperalgesia, hypoesthesia, and allodynia. The medications list includes lexapro and oxycodone. She is noted to have been utilizing Oxycodone since at least September 2014. She has had left wrist bone scan on 7/18/2012. She has undergone right shoulder surgery in 10/14 and left wrist surgery on 11/11/12. She has had physical therapy, acupuncture, paraffin wax bath and spinal cord stimulator trial for this injury. He has had urine drug screen on 11/25/14. The treatment plan included: HELP program, Oxycodone 10/325mg 1 tab every 6 hours as needed for pain #120, and Oxycodone 10/325mg 1 tab every 6 hours as needed for pain #16.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone 10/325 MG #120 Prescribed 5/21/15: Upheld

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

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

Decision rationale: Oxycodone is an opioid analgesic. According to CA MTUS guidelines, "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. A 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 the overall situation with regard to non opioid 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 objective functional improvement to opioid analgesic for this patient. Response to non-opioid medications for pain is not specified 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. Patient had last urine drug screen on 11/25/2014. A recent urine drug screen report is not specified in the records provided. With this, it is deemed that this patient does not meet criteria for ongoing use of opioids analgesic. The request for Oxycodone 10/325 MG #120 Prescribed 5/21/15 is not medically necessary or established for this patient at this time, based on the clinical information submitted for this review and the peer reviewed guidelines referenced. If it is decided to discontinue this medication, it should be tapered over time, per the discretion of the treating provider, to prevent withdrawal symptoms.

Oxycodone 10/325 MG #16 Prescribed 5/21/15: Upheld

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

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

Decision rationale: Oxycodone is an opioid analgesic. According to CA MTUS guidelines, "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. A 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 the overall situation with regard to non opioid 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 objective functional improvement to opioid analgesic for this patient. Response to non-opioid medications for pain is not specified 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. Patient had last urine drug screen on 11/25/2014. A recent urine drug screen report is not specified in the records provided. With this, it is deemed that this patient does not meet criteria for ongoing use of opioids analgesic. The request for Oxycodone 10/325 MG #16 Prescribed 5/21/15 is not medically necessary or established for this patient at this time.