

Case Number:	CM15-0135157		
Date Assigned:	07/23/2015	Date of Injury:	04/08/2004
Decision Date:	08/20/2015	UR Denial Date:	06/10/2015
Priority:	Standard	Application Received:	07/13/2015

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: Georgia

Certification(s)/Specialty: Anesthesiology, Pain Management

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 49-year-old female, who sustained an industrial injury on 4/08/2004. She reported a repetitive strain injury to the right forearm subsequently requiring surgical repair. Diagnoses include tennis elbow, right cubital tunnel and carpal tunnel syndrome, status post lateral epicondyle and osteotomy with revision. Treatments to date include anti-inflammatory, narcotic, steroid injections, and physical therapy. Currently, she complained of pain rated 5/10 VAS with medications and 7/10 VAS without medications. The medication was noted to continue to provide functional benefit. On 5/11/15, the physical examination documented restricted range of motion of the cervical spine and right shoulder. The right shoulder was tender. The right elbow was tender with a positive Tinel's sign. The plan of care included a prescription for Oxycodone 15mg #120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone 15 mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 79.

Decision rationale: Oxycodone 15 mg #120 is not medically necessary. Page 79 of MTUS guidelines states that weaning of opioids are recommended if: (a) there are no overall improvement in function, unless there are extenuating circumstances; (b) continuing pain with evidence of intolerable adverse effects; (c) decrease in functioning; (d) resolution of pain; (e) if serious non-adherence is occurring; (f) the patient requests discontinuing. The claimant's medical records did not document that there was an overall improvement in function or a return to work with previous opioid therapy. In fact, the medical records note that the claimant continued to complain of pain. The claimant has long-term use with this medication and there was a lack of improved function or return to work with this opioid; therefore, the requested medication is not medically necessary.