

Case Number:	CM15-0137814		
Date Assigned:	07/27/2015	Date of Injury:	11/14/2013
Decision Date:	09/23/2015	UR Denial Date:	07/01/2015
Priority:	Standard	Application Received:	07/16/2015

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: New Jersey

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:

The injured worker is a 38 year old male who sustained an industrial injury on 11/14/2013. He reported an injury to his neck and right upper extremity. Treatment to date had included medications, surgery and therapy. According to a progress report dated 06/17/2015, the injured worker was seen for a neurosurgical re-examination. He was status post surgical decompression of the right brachial plexus, ulnar and the median nerves on 11/26/2014. He demonstrated mild improvement in regard to the strength and sensation of the right hand. Additional occupational therapy had been authorized. Impression included severe posttraumatic thoracic outlet syndrome with compression of the right ulnar and the median nerves. The injured worker presented with pain in the right arm and the right hand that had been associated with residual weakness and numbness sensation of the right hand. He was going to start occupational therapy and was advised to continue performing occupational therapy at home to improve the flexibility and the strength of the muscles controlling his right hand. He was recommended to continue taking Roxicodone 30 mg one tablet every six hours and Azar 10 mg one tablet twice a day to control his hypertension. He was to be re-evaluated in four weeks. Disability status was not indicated. According to a progress report from a different provider, dated 05/27/2015, the injured worker was to remain off work until 05/27/2015. The provider submitted an authorization request dated 06/22/2015. The requested services included Roxicodone 30 mg #120 one tablet every 6 hours and Azar 10 mg #60 one tablet twice daily. Currently under review is the request for Roxicodone 30 mg #120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Roxicodone 30mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids-Criteria Page(s): 76-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids pp.78-96 Page(s): 9, 78, 88.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that opioids may be considered for moderate to severe chronic pain as a secondary treatment, but require that for continued opioid use, there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. In the case of this worker, there was record of having used oxycodone to help treat their chronic pain related to the initial injury. However, the full review as stated above did not seem to be completed, as it was not complete in the notes provided for review. There were insufficient reports to show functional gains or pain level reduction directly and independently related to oxycodone use to warrant its use continually as prescribed. Therefore, without this supportive evidence of benefit, the Roxicodone 30 mg #120 will be considered medically unnecessary at this time. Weaning may be indicated.