

Case Number:	CM15-0142205		
Date Assigned:	08/03/2015	Date of Injury:	04/12/2013
Decision Date:	09/25/2015	UR Denial Date:	07/17/2015
Priority:	Standard	Application Received:	07/22/2015

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, New York, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented 67-year-old who has filed a claim for chronic knee and shoulder pain reportedly associated with an industrial injury of April 12 2013. In a Utilization Review report dated July 17, 2015, the claims administrator failed to approve a request for Oxycodone. An RFA form received on July 10, 2015 was referenced in the determination. On January 14, 2015, the applicant was placed off of work, on total temporary disability, owing to multifocal complaints of knee, shoulder, and low back pain complaints. The applicant was using a cane to move about; it was acknowledged on this date. Percocet was endorsed while the applicant was seemingly kept off of work. On June 9, 2015, the applicant reported ongoing complaints of knee, leg, and shoulder pain. The applicant was using a cane to move about, it was reported. Oxycodone was endorsed. The applicant was placed off of work, on total temporary disability. Multiple MRI studies were endorsed. No seeming discussion of medication efficacy transpired. The applicant was having difficulty ambulating, the treating provider reported in several sections of the note.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone 15mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

Decision rationale: No, the request for Oxycodone, a short-acting opioid, was not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved because of the same. Here, however, the applicant was off of work, it was reported on June 8, 2015. The applicant was having difficulty standing and walking, it was reported on that date, was apparently using a cane to move about. The attending provider failed to outline quantifiable decrements in pain or meaningful, material improvements in function (if any) effected because of ongoing Oxycodone usage. Therefore, the request was not medically necessary.