

Case Number:	CM15-0143248		
Date Assigned:	08/04/2015	Date of Injury:	05/31/2004
Decision Date:	09/01/2015	UR Denial Date:	07/14/2015
Priority:	Standard	Application Received:	07/23/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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:

This 51-year-old male sustained an industrial injury to the back, neck, left elbow, left wrist, bilateral ankles and left knee. Previous treatment included physical therapy, epidural steroid injections, facet joint injections, heat and ice treatment, occipital nerve block, transcutaneous electrical nerve stimulator unit, trigger point injections and medications. In a pain management progress note dated 1-30-15, the injured worker complained of left knee pain rated 3 out of 10 on the visual analog scale, headaches rated 6 out of 10 and lumbar pain rated 8 to 9 out of 10 without medications and 5 to 6 out of 10 with medications. Current medications included Oxycodone, Dilaudid and Depakote ER. In a pain medicine reevaluation dated 6-2-15, the injured worker complained of increased headaches rated 7 out of 10, neck pain rated 4 out of 10, lumbar spine pain rated 9 out of 10, and bilateral ankle pain rated 2 out of 10 and left knee pain rated 4 out of 10. The injured worker also complained of difficulty sleeping. Past medical history was significant for seizures, blood clots and depression. Current diagnoses included depressive disorder, variants of migraine, headache, cervicgia, left knee joint pain, lumbar disc degeneration, status post closed head injury and global amnesia. The treatment plan included using ice and heat for pain control, continuing physical therapy, continuing Keppra and Oxycodone, weaning off Cymbalta, stopping Advil and starting Diclofenac.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone HCL 5 mg, 150 count with no refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing management Page(s): 78-80.

Decision rationale: Oxycodone HCL 5 mg, 150 counts with no refills is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that a satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The MTUS does not support ongoing opioid use without improvement in function or pain. The documentation reveals that the patient has been on long term opioids without significant evidence of functional improvement and with persistent pain. The documentation indicates that there have been prior recommendations for weaning this medication. The request for continued Oxycodone is not medically necessary.