

Case Number:	CM15-0147331		
Date Assigned:	08/10/2015	Date of Injury:	08/27/2014
Decision Date:	09/10/2015	UR Denial Date:	07/17/2015
Priority:	Standard	Application Received:	07/30/2015

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 represented 50-year-old who has filed a claim for chronic neck and shoulder pain reportedly associated with an industrial injury of August 27, 2014. In a Utilization Review report dated July 17, 2015, the claims administrator failed to approve a request for oxycodone. The claims administrator referenced an RFA form received on July 13, 2015 in its determination. The applicant's attorney subsequently appealed. On June 22, 2015, the attending provider apparently appealed previously denied oxycodone, stating that the applicant was deriving appropriate pain relief from oxycodone. The note was highly templated, however, and did not explicitly state whether the applicant was or was not working. The attending provider did state that the applicant's pain scores were reduced from 7½/10 to 4/10 as a result of medication consumption. On July 9, 2015, the applicant reported 8/10 pain without medications versus 6/10 pain with medications. The applicant had had recent right elbow corticosteroid injections. The applicant acknowledged that his quality of sleep was poor. The applicant was on Lyrica, oxycodone, Motrin, and Zestril, it was reported. The applicant's BMI was 27. The applicant was asked to continue unspecified home exercises, a TENS unit, oxycodone, Motrin, and Lyrica. In one section of the note, the attending provider stated that the applicant was using oxycodone, while in another section of the note, it was stated that the applicant was using Percocet. The applicant was not working. A rather proscriptive 10-pound lifting limitation was renewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone HCL 5mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 4) On-Going Management; 7) When to Continue Opioids Page(s): 78; 80.

Decision rationale: No, the request for oxycodone, a short-acting opioid, is not medically necessary, medically appropriate, or indicated here. As noted on page 78 of the MTUS Chronic Pain Medical Treatment Guidelines, the lowest possible dose of opioids should be prescribed to improve pain and function. Here, however, the attending provider's July 9, 2015 progress note seemingly suggested that the applicant was using Percocet (oxycodone-acetaminophen) in some sections of the note and oxycodone immediate-release in other sections of the note. Concurrent usage of two separate oxycodone-containing agents, thus, ran counter to the philosophy set forth on page 78 of the MTUS Chronic Pain Medical Treatment Guidelines to employ the lowest possible dose of opioids needed to improve pain and function. It was further noted that the applicant seemingly failed to meet criteria set forth on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines for continuation of opioid therapy, which include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant was off of work, it was acknowledged on July 9, 2015. While the attending provider did recount some reported reduction in pain scores effected as a result of ongoing medication consumption on that date, these reports were, however, outweighed by the attending provider's failure to return to work and the attending provider's failure to outline meaningful, material, and/or substantive improvements in function (if any) effected as a result of ongoing oxycodone usage. Therefore, the request is not medically necessary.