

Case Number:	CM15-0148382		
Date Assigned:	08/11/2015	Date of Injury:	04/23/2015
Decision Date:	09/08/2015	UR Denial Date:	07/21/2015
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: California

Certification(s)/Specialty: Emergency 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 injured worker is a 28 year old male who sustained a work related injury April 23, 2015. While working in construction, a glass and aluminum panel weighing approximately 500 pounds, fell on the back of his head and neck, injuring the front of his teeth and neck, as well as his face. He was knocked to the ground, with questionable loss of consciousness. He received stitches in the left anterior neck for a 1 cm laceration x 2 and a CT brain scan was performed, which was negative. He since has required extensive dental work for multiple chipped and fractured teeth with his personal dentist. According to a primary treating physician's progress report, dated July 10, 2015, the injured worker presented with complaints of neck pain, headaches and facial pain. The neck pain is improving with current physical therapy. Handwritten notes are difficult to decipher. Diagnoses are cerebral concussion; cervical strain. At issue, is the request for authorization for Oxycodone-APAP.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone-APAP 7.5-325mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management, Pages, Opioids for Chronic Pain Page(s): 78-82.

Decision rationale: The requested Oxycodone-APAP 7.5-325mg #30, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, recommend continued use of this opiate for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The injured worker has neck pain, headaches and facial pain. The neck pain is improving with current physical therapy. The treating physician has not documented VAS pain quantification with and without medications, duration of treatment, and objective evidence of derived functional benefit such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention, nor measures of opiate surveillance including an executed narcotic pain contract or urine drug screening. The criteria noted above not having been met, Oxycodone-APAP 7.5-325mg #30 is not medically necessary.