

Case Number:	CM15-0149149		
Date Assigned:	08/12/2015	Date of Injury:	08/05/2010
Decision Date:	09/15/2015	UR Denial Date:	07/16/2015
Priority:	Standard	Application Received:	07/31/2015

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

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 42-year-old female, who sustained an industrial injury on 08-05-2010. On provider visit dated 06-29-2015 the injured worker has reported lower back pain and left wrist pain to shoulder. On examination of the positive tenderness to palpation in paravertebral spinal area, positive spasm and positive straight leg raise. Left wrist was noted to positive tenderness to palpation. The diagnoses have included lumbar sprain-strain, lumbar radiculopathy and status post left wrist surgery. Treatment to date has included home exercise program, medication (Prilosec, Oxycodone, Tramadal and Lyrica) and laboratory studies. The provider requested Oxycodone 8mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone 8mg tabs 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
 Page(s): 74-96.

Decision rationale: The patient presents with pain affecting the low back, shoulder and left wrist. The current request is for Oxycodone 8mg tabs 90. The requesting treating physician report dated 7/27/15 (9C) provides no rationale for the current request. MTUS pages 88 and 89 states "document pain and functional improvement and compare to baseline. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS also requires documentation of the four A's (analgesia, ADL's, Adverse effects and Adverse behavior). The medical reports provided, show the patient has been taking Oxycodone since at least 1/27/15 (72C). The report dated 7/27/15 (9C) notes that the patient's pain is 8/10 while on current medication. No adverse effects or adverse behaviors were discussed by the patient. The primary treating physician's report dated 5/20/15 (48C) notes that the patient was to remain off work until 7/3/15 although it is unclear if the patient has returned to work. In this case, all four of the required A's are not addressed and functional improvement has not been documented. The MTUS guidelines require much more thorough documentation to recommend the continued usage of Oxycodone. The current request is not medically necessary.