

Case Number:	CM15-0162776		
Date Assigned:	08/28/2015	Date of Injury:	02/14/2003
Decision Date:	09/30/2015	UR Denial Date:	08/10/2015
Priority:	Standard	Application Received:	08/18/2015

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: Massachusetts

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

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 55 year old male, who sustained an industrial injury on 2-14-2003. Diagnoses have included non-allopathic lesions of cervical region not elsewhere classified, carpal tunnel syndrome and myalgia and myositis, unspecified. Treatment to date has included shoulder surgery, physical therapy, magnetic resonance imaging (MRI) and medication. According to the progress report dated 6-9-2015, the injured worker reported that his thumb to finger approximation (pinch) was very weak. He complained of pain in his elbow. His left thumb and index finger were numb. Objective findings revealed the injured worker to be sensitive to touch at the elbows. The report was hand written and difficult to decipher. Per the orthopedic report dated 6-22-2015, the injured worker complained of chronic pain and numbness in his bilateral upper extremities. Authorization was requested for Oxycodone and MS Contin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone 15mg #120 with 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, (2) Opioids, dosing, Page(s): 76-80, 86.

Decision rationale: The claimant has a remote history of a work-related injury in February 2003 and is being treated for chronic bilateral upper extremity pain. He underwent left shoulder arthroscopic surgery in October 2013. He has severe bilateral ulnar neuropathy at the elbow and ulnar release surgery is being considered. Pain is referenced as 10/10 without medications and 7-10/10 with medications. When seen, there was bilateral medial elbow tenderness and pain at full left elbow extension. There was decreased hand grip strength. MS Contin and oxycodone were prescribed at a total MED (morphine equivalent dose) of 135 mg per day. Oxycodone is an immediate release short acting medication often used for intermittent or breakthrough pain. It is being prescribed as part of the claimant's ongoing management. Guidelines recommend against opioid dosing is in excess of 120 mg oral morphine equivalents per day. In this case, the total MED being prescribed is more than that recommended. In this case, there is no documentation that this medication is consistently providing decreased pain, an increased level of function, or improved quality of life. Continued prescribing was not medically necessary.

MS Contin 15mg #90 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Morphine sulfate, Morphine sulfate ER, CR (Avinza, Kadian, MS Contin, Oramorph SR).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, (2) Opioids, dosing, Page(s): 76-80, 86.

Decision rationale: The claimant has a remote history of a work-related injury in February 2003 and is being treated for chronic bilateral upper extremity pain. He underwent left shoulder arthroscopic surgery in October 2013. He has severe bilateral ulnar neuropathy at the elbow and ulnar release surgery is being considered. Pain is referenced as 10/10 without medications and 7-10/10 with medications. When seen, there was bilateral medial elbow tenderness and pain at full left elbow extension. There was decreased handgrip strength. MS Contin and oxycodone were prescribed at a total MED (morphine equivalent dose) of 135 mg per day. MS Contin is a sustained release opioid used for treating baseline pain. It is being prescribed as part of the claimant's ongoing management. Guidelines recommend against opioid dosing is in excess of 120 mg oral morphine equivalents per day. In this case, the total MED being prescribed is more than that recommended. In this case, there is no documentation that this medication is consistently providing decreased pain, an increased level of function, or improved quality of life. Continued prescribing was not medically necessary.