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| Case Number: | CM15-0192190 | | |
| Date Assigned: | 10/06/2015 | Date of Injury: | 02/24/2014 |
| Decision Date: | 11/12/2015 | UR Denial Date: | 09/30/2015 |
| Priority: | Standard | Application Received: | 09/30/2015 |

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: 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 74 year old female, who sustained an industrial injury on 02-24-2014. The injured worker is currently temporarily totally disabled. Medical records indicated that the injured worker is undergoing treatment for right wrist triangular fibrocartilage complex tear, severe degenerative joint disease of right knee, left knee pain due to overcompensation for the right knee, and left wrist strain rule out triangular fibrocartilage complex tear. Treatment and diagnostics to date has included left wrist surgery on 07-20-2015, home exercise program, and use of medications. After review of the progress note dated 07-30-2015, the injured worker was seen for a postoperative visit and presented with residual numbness and tingling in the left hand with no pain level noted. Objective findings included well-approximated incision with no signs of infection. The Utilization Review with a decision date of 09-30-2015 non-certified the request for postoperative Oxycodone 10mg #40.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone 10mg #40: Upheld

Claims Administrator guideline: Decision based on MTUS General Approaches 2004, and Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain, Opioids, cancer pain vs. nonmalignant pain.

Decision rationale: Review indicates the patient was already approved for Norco concurrently, another short-acting opiate. The request for Oxycodone was non-certified noting guidelines do not recommend use of two distinct but pharmacologically similar opioid in the same time period. Per the MTUS Guidelines cited, opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or returned to work status. There is no evidence presented of random drug testing or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of two short-acting opioids with persistent severe pain. The Oxycodone 10mg #40 is not medically necessary and appropriate.