

Case Number:	CM15-0195828		
Date Assigned:	10/09/2015	Date of Injury:	10/16/1998
Decision Date:	11/18/2015	UR Denial Date:	09/10/2015
Priority:	Standard	Application Received:	10/05/2015

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: New Jersey, New York
 Certification(s)/Specialty: Family Practice

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 58 -year-old male who sustained an industrial injury on 10-17-1998. Diagnoses have included cervicgia, hand joint pain, osteoarthritis, cervical radiculopathy, and fibromyalgia-myositis. On 8-31-2015, the injured worker complained of neck and bilateral upper extremity pain rated as 7 out of 10, and characterized as aching, annoying, numb, radiating, shooting, sore, tingling and severe. He noted increased hand pain. The physician noted cervical spine tenderness, positive trigger points, and range of motion was noted as "fairly well preserved in flexion." There was also pain with thumb flexion and swelling for an unspecified thumb. Documented treatment includes medication stated to provide "relief and preservation of functional capacity." Oxycodone has been noted in the medical records since at least the beginning of 2015. On 6-8-2015, a note states Oxycodone would be "discontinued for the time being," and methadone 10 mg three times per day was prescribed. At that visit, pain was rated as 5 out of 10. In the 7-7-2015 note, the physician states at the previous visit a "significant amount" of therapeutic oxycodone was converted to methadone and the injured worker had been taking the methadone as a therapeutic alternative. It is stated that "recent intake" of oxycodone was 3-4 times a day. The treating physician's plan of care includes refills of 90 tablets of Methadone 10 mg to be taken three times a day, and 56 tablets of oxycodone 15 mg. to be taken four times a day for 14 days. The physician's note states there a pain agreement on file, and compliance has been monitored through urine drug screening and CURES reports. Both were non-certified 9-10-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone 15mg #56: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

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

Decision rationale: The request for oxycodone is not medically necessary. The patient has been on long-term opioid use, taking oxycodone. The chart does not provide any documentation of improvement in pain and function with the use of oxycodone. There are no documented urine drug screens or drug contracts, or long-term goals for treatment. The 4 A's of ongoing monitoring were not adequately documented. Because there was no documented improvement in pain or evidence of objective functional gains with the use of oxycodone, the long-term efficacy for chronic back pain is limited, and there is high abuse potential, the risks of oxycodone outweigh the benefits. The patient was also switched from oxycodone to methadone. Therefore, the request is not medically necessary.

Methadone 10mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

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

Decision rationale: The request is considered not medically necessary. The chart does not provide any documentation of improvement in pain and function with the use of methadone. Methadone replaced oxycodone. There are no documented urine drug screens or drug contracts, or long-term goals for treatment. The 4 A's of ongoing monitoring were not adequately documented. Therefore, the request is not medically necessary.