MAXIMUS Federal Services

Case Number:	CM15-0198967		
Date Assigned:	10/14/2015	Date of Injury:	11/10/1995
Decision Date:	11/25/2015	UR Denial Date:	09/14/2015
Priority:	Standard	Application Received:	10/09/2015

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
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 60 year old male injured worker suffered an industrial injury on 11-10-1995. The diagnoses included chronic pain syndrome, internal derangement of the knee, degenerative disc disease, brachial neuritis, joint derangement of the hand and shoulder, and carpal tunnel syndrome. On 9-9-2015 the treating provider reported both of the knee pain remained the same. The pain was also in the cervical and lumbar spine, left shoulder elbow and wrist, right and left hips and knees. On exam the injured worker's gait was slow and guarded with a limp, tenderness to the lumbar spine with positive straight leg raise and tenderness to the shoulders and hands. The injured worker reported the pain was on average 9 out of 10 and 10% was relieved from the pain reliever. He reported the function was unchanged. The provider reported there was no aberrant drug behavior. Oxycodone had been in use since at least 4-2015. The documentation provided did not include evidence of a comprehensive pain evaluation with pain levels with and without medications and no evidence of functional improvement with treatment. Diagnostics included 3- 4-2015, 6-17-2015 inconsistent urine drug screens. The medical record did not include an evaluation of the urine drug screens. Request for Authorization date was 9-9-2015. The Utilization Review on 9-14-2015 determined non-certification for modification for Oxycodone 30 mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone 30 mg #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, Opioids, long-term assessment.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that opioids may be considered for moderate to severe chronic pain as a secondary treatment, but require that for continued opioid use, there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. In the case of this worker, there was record of as needed use of opioids, including Oxycodone 30 mg. A drug-screening test revealed no evidence of Oxycodone or other opioids at the time. There was insufficient reporting found in the notes regarding the functional gains and pain level reduction (measurable) directly and independently related to the Oxycodone use to help justify its ongoing prescription for as needed use, which isn't typical of this type of medication. Therefore, this request for renewal will be considered medically unnecessary at this time. Weaning may be indicated.