

Case Number:	CM15-0200662		
Date Assigned:	10/15/2015	Date of Injury:	04/27/2015
Decision Date:	11/24/2015	UR Denial Date:	09/24/2015
Priority:	Standard	Application Received:	10/13/2015

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: Georgia

Certification(s)/Specialty: Anesthesiology, 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 29 year old male, who sustained an industrial injury on 4-27-2015. The injured worker was being treated for lumbosacral sprain, thoracic strain, cervical strain, left shoulder strain, strain of left hand and finger, sprain of left knee, and post-traumatic stress disorder. Treatment to date has included diagnostics, chiropractic, physical therapy, psychotherapy, and medications. Currently (9-18-2015 progress report-incomplete), the injured worker complains of continued pain in the left hand, edema in the left hand (volar and ulnar aspect), and small mass in the volar left wrist, along with edema in the area of the ulnar collateral ligament. Pain was not currently rated on 9-18-2015) and medication use included Naprosyn and Percocet (since at least 4-29-2015). Per the most recent complete progress report (8-20-2015), the injured worker reported left hand "feels a little better" and improved range of motion, although "the pain is about the same". Pain was not numerically rated and he remained off work. Objective findings noted "moderate decreased range of motion cervical, thoracic and lumbar spine all planes". Function with activities of daily living was not described. Urine toxicology was not referenced or submitted. He was to maintain his medication regimen, including Oxycodone-Acetaminophen, Naproxen, and Methocarbamol. The treatment plan included Oxycodone-Acetaminophen 5-325mg #120, modified by Utilization Review to #25 on 9-24- 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone/Acetaminophen 5-325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, specific drug list.

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

Decision rationale: Oxycodone/Acetaminophen 5-325 mg # 120 is not medically necessary. Per MTUS, page 79 of MTUS guidelines states that weaning of opioids are recommended if (a) there are no overall improvement in function, unless there are extenuating circumstances (b) continuing pain with evidence of intolerable adverse effects (c) decrease in functioning (d) resolution of pain (e) if serious non-adherence is occurring (f) the patient requests discontinuing. The claimant's medical records did not document that there was an overall improvement in function or a return to work with previous opioid therapy. In fact, the medical records note that the claimant was permanent and stationary. The claimant has long-term use with this medication and there was a lack of improved function with this opioid; therefore the requested medication is not medically necessary.