

Case Number:	CM15-0027927		
Date Assigned:	02/20/2015	Date of Injury:	08/17/2010
Decision Date:	04/08/2015	UR Denial Date:	01/26/2015
Priority:	Standard	Application Received:	02/13/2015

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: Texas, California
 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:

This is a 64-year-old male patient who sustained an industrial injury on 08/17/2010. He sustained the injury due to his right thumb smashed between two pieces of metal. Diagnoses include lumbosacral spondylosis without myelopathy, degeneration of lumbar or lumbosacral intervertebral disc, other specified idiopathic peripheral neuropathy, thoracic or lumbosacral neuritis or radiculitis, unspecified. Per the progress note from dated 01/20/2015 he had complaining of back pain, sinus pain, sexual dysfunction, difficulty sleeping and feeling depressed. His pain was characterized as aching, sharp, burning, and present for 100% of the time. Medication relieves the pain by approximately 60-70%. The physical examination revealed antalgic gait and ability for heel and toe raise. The medications list includes simvastatin, omeprazole, metoprolol, allopurinol, glipizide, oxycodone, lyrica, rameron, amitriptyline, baclofen, methocarbamol and trazodone. His surgical history includes right knee surgeries, three right thumb surgeries and left index finger surgery. He has had multiple diagnostic studies including MRI lumbar spine, MRI thoracic spine and MRI sacral plexus; EMG/NCS lower extremities. He has had urine drug screen on 6/24/13; 1/2/2014; 4/29/14; 7/28/14; 11/17/14. On 01/26/2015 Utilization Review non-certified a request for Oxycodone Hydrochloride 10 MG #90. The MTUS, ACOEM Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone Hydrochloride 10 MG #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-80. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Pain (updated 03/23/15)Opioids, criteria for use.

Decision rationale: Request: Oxycodone Hydrochloride 10 MG #90Oxycodone is an opioid analgesic. According to CA MTUS guidelines cited above, "A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." The records provided do not specify that that patient has set goals regarding the use of opioid analgesic. The treatment failure with non-opioid analgesics is not specified in the records provided. Other criteria for ongoing management of opioids are: "The lowest possible dose should be prescribed to improve pain and function. Continuing review of overall situation with regard to non-opioid means of pain control. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects...Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs." The records provided do not provide a documentation of response in regards to pain control and objective functional improvement to opioid analgesic for this patient. As recommended by the cited guidelines a documentation of pain relief, functional status, appropriate medication use, and side effects should be maintained for ongoing management of opioid analgesic, these are not specified in the records provided. This patient does not meet criteria for ongoing continued use of opioids analgesic. The medical necessity of Oxycodone Hydrochloride 10 MG #90 is not established for this patient.