

Case Number:	CM15-0211334		
Date Assigned:	10/30/2015	Date of Injury:	02/10/2011
Decision Date:	12/10/2015	UR Denial Date:	10/20/2015
Priority:	Standard	Application Received:	10/27/2015

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 injured worker is a 34 year old female, who sustained an industrial injury on 2-10-2011. A review of the medical records indicates that the injured worker is undergoing treatment for carpal tunnel syndrome bilaterally, status post carpal tunnel release surgery x2, insomnia secondary to pain sequelae to industrial injury, dyspepsia-GERD secondary to medication, short acting opioid treatment, and situational stress due to increased pain. On 10-9-2015, the injured worker reported, "I am in a lot of pain". The Treating Physician's report dated 10-9-2015, noted the injured worker's analgesia was unsatisfactory with urine drug test and CURES report consistent with current therapy and the injured worker's history. The injured worker reported having a difficult time sleeping with current pain level 6 out of 10 with intervals no lower than 6 out of 10 and sometimes higher than 7 out of 10. The injured worker was noted to be fatigued and uncomfortable appearing. The treatment plan was noted to include a surgical evaluation for the injured worker's wrist, and new prescriptions for Oxycodone and Pantoprazole. The request for authorization was noted to have requested Pantoprazole Sodium 40mg #60 and Oxycodone HCL 5mg #60. The Utilization Review (UR) dated 10-20-2015, certified the request for Pantoprazole Sodium 40mg #60 and non-certified the request for Oxycodone HCL 5mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone HCL 5mg #60: 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, criteria for use, Opioids, long-term assessment.

Decision rationale: The MTUS Chronic Pain Guidelines state that for a therapeutic trial of opioids, there needs to be no other reasonable alternatives to treatments that have not already been tried, there should be a likelihood that the patient would improve with its use, and there should be no likelihood of abuse or adverse outcome. Before initiating therapy with opioids, the MTUS Chronic Pain Guidelines state that there should be an attempt to determine if the pain is nociceptive or neuropathic (opioids not first-line therapy for neuropathic pain), the patient should have tried and failed non-opioid analgesics, goals with use should be set, baseline pain and functional assessments should be made (social, psychological, daily, and work activities), the patient should have at least one physical and psychosocial assessment by the treating doctor, and a discussion should be had between the treating physician and the patient about the risks and benefits of using opioids. Initiating with a short-acting opioid one at a time is recommended for intermittent pain and continuous pain is recommended to be treated by an extended release opioid. Only one drug should be changed at a time, and prophylactic treatment of constipation should be initiated. In the case of this worker, there was failure to approve other medications (NSAIDs, gabapentin) leading to persistent pain rated 6-7/10 on VAS. The provider decided to prescribe Oxycodone in response to help reduce her pain. However, as this was an initiation of an opioid, there should have been more documentation provided to show a discussion of side effect potentials, functional baseline, and psychosocial assessment as well as specific goals to show appropriateness. As none of these were included in the recent documentation, this request for Oxycodone is not medically necessary at this time.