

Case Number:	CM15-0216228		
Date Assigned:	11/05/2015	Date of Injury:	12/29/2001
Decision Date:	12/18/2015	UR Denial Date:	09/29/2015
Priority:	Standard	Application Received:	11/03/2015

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: California
Certification(s)/Specialty: Emergency Medicine

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 60 year old male, who sustained an industrial injury on 12-29-2001. The injured worker is currently permanently disabled. Medical records indicated that the injured worker is undergoing treatment for reflex sympathetic dystrophy to upper limb. Treatment and diagnostics to date has included medications. Recent medications have included Oxycodone (since at least 11-17-2014), Gralise (since at least 11-17-2015), and Viagra. Subjective data (07-21-2015 and 09-16-2015), included pain to left elbow, left side of chest, and left side of head rated 9-10 out of 10 with medications and 10 out of 10 without medications. Objective findings (09-16-2015) included tenderness to left shoulder and hand consistent with reflex sympathetic dystrophy. The request for authorization dated 09-16-2015 requested Oxycodone 30mg 1-2 tablets by mouth every 4 hours #240, Gralise 600mg tablet extended release - 3 tablets by mouth daily #90, and Viagra. The Utilization Review with a decision date of 09-29-2015 non-certified the request for Oxycodone 30mg #240 and modified the request for Gralise ER 600mg #90 to Gralise ER 600mg #68.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone 30mg #240: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

Decision rationale: The requested Oxycodone 30mg #240 is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, recommend continued use of this opiate for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The injured worker has been prescribed Oxycodone (since at least 11-17-2014), Gralise (since at least 11-17-2015), and Viagra. Subjective data (07-21-2015 and 09-16-2015), included pain to left elbow, left side of chest, and left side of head rated 9-10 out of 10 with medications and 10 out of 10 without medications. Objective findings (09-16-2015) included tenderness to left shoulder and hand consistent with reflex sympathetic dystrophy. The treating physician has not documented objective evidence of derived functional benefit such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention, nor measures of opiate surveillance including an executed narcotic pain contract or urine drug screening. The criteria noted above not having been met, Oxycodon 30mg #240 is not medically necessary.

Gralise ER 600mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Anti-epilepsy drugs (AEDs).

Decision rationale: The requested Gralise ER 600mg #90 is not medically necessary. Chronic Pain Medical Treatment Guidelines, Anti-Epilepsy drugs, Pages 16-18, 21, note that anti-epilepsy drugs are "Recommended for neuropathic pain due to nerve damage", and "Outcome: A "good" response to the use of AEDs has been defined as a 50% reduction in pain and a "moderate" response as a 30% reduction." The injured worker has been prescribed Oxycodone (since at least 11-17-2014), Gralise (since at least 11-17-2015), and Viagra. Subjective data (07-21-2015 and 09-16-2015), included pain to left elbow, left side of chest, and left side of head rated 9-10 out of 10 with medications and 10 out of 10 without medications. Objective findings (09-16-2015) included tenderness to left shoulder and hand consistent with reflex sympathetic dystrophy. The treating physician has not documented the guideline-mandated criteria of percentages of relief to establish the medical necessity for its continued use. The criteria noted above not having been met, Gralise ER 600mg #90 is not medically necessary.