

Case Number:	CM15-0041052		
Date Assigned:	03/11/2015	Date of Injury:	10/04/2010
Decision Date:	04/15/2015	UR Denial Date:	02/03/2015
Priority:	Standard	Application Received:	03/04/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 56 year old male, who sustained an industrial injury on 10/4/10. He reported right wrist pain. The injured worker was diagnosed as having shoulder pain, pain lower leg joint, backache and pain in limb (hand). Treatment to date has included bilateral carpal tunnel release, oral medications including narcotics. Currently, the injured worker complains of back pain without radiation and post op pain which is improving. The current treatment plan included a prescription for Oxycodone. On physical exam it is noted the post-op sutures were removed one day prior.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone Tab 15 MG #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opiates.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Oxycodone 15 mg #180 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. In this case, the injured worker's working diagnoses are lumbar disc displacement; pain shoulder; adhesive capsulitis shoulder unspecified internal derangement knee; and carpal tunnel syndrome. Documentation of June 2014 indicates the worker was taking Percocet. The documentation indicates the treating physician started Oxycodone 10 mg and Oxycodone 15 mg on October 2, 2014. Additional medications were Skelaxin 800 mg and Zolpidem ER 12 .5 mg, amitriptyline, Gabapentin, Protonix. Opiate weaning was recommended on October 21, 2014. Utilization review shows a peer-to-peer conference took place with the treating physician stating he/she would start weaning the opiate. There are no risk assessments in the medical record. There are no detailed pain assessments in the medical record (with ongoing opiate use). There is no documentation with objective functional improvement. Consequently, absent compelling clinical documentation with objective functional improvement with which to gauge opiate efficacy, detailed pain assessments and a risk assessment, in conjunction with a peer to peer conference with agreement between the Oxycodone, Oxycodone 15 mg #180 not medically necessary.