

Case Number:	CM15-0049657		
Date Assigned:	03/23/2015	Date of Injury:	07/16/2004
Decision Date:	05/01/2015	UR Denial Date:	02/19/2015
Priority:	Standard	Application Received:	03/16/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 56 year old female who sustained an industrial injury on 07/16/2004. Diagnoses include cervical radiculopathy, and cervical degenerative disc disease. Treatment to date has included diagnostics, medications, physical therapy, chiropractic care, aquatic therapy, and steroid injections. Surgery for her spine has been put on hold until she is done with chemotherapy for her breast cancer. A physician progress note dated 01/23/2015 documents the injured worker states her hand pain is getting worse and pain is rated 8-9 out of 10. She tried going up on the Gabapentin as previously discussed but pain was worse, and it caused her to have a skin reaction and itch. She felt she was allergic to the higher dose. She ran out of the Percocet and is having withdrawal symptoms. The medication has been decreased by a few pills every week but she has not been tolerating the Gabapentin and she has no other substituting medications or techniques to decrease her pain. Requested treatment is to decrease Gabapentin, continue opioids for intractable pain, and try a neuropathic topical cream. Treatment requested is for Oxycodone 30mg #100.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone 30mg #100: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids, Weaning of medications Page(s): 78, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Pain Outcomes and Endpoints, p8, (2) Opioids, criteria for use, p76-80 (3) Opioids, dosing, p86 Page(s): 8, 76-80, 86.

Decision rationale: The claimant is more than 10 years status post work-related injury and continues to be treated for chronic hand pain, described as worsening. Medications include oxycodone with increased pain when trying to decrease the dose and withdrawal symptoms related to running out early. The claimant does not want to try taking a long acting agent such as fentanyl. Urine drug screening has been consistent with the prescribed medications. The total MED (morphine equivalent dose) is in excess of 120 mg per day. Oxycodone is a short acting opioid often used for intermittent or breakthrough pain. In this case, there is poor pain control with some evidence of pseudo addiction that appears related to underdosing. Guidelines recommend against opioid dosing is in excess of 120 mg oral morphine equivalents per day. In this case, the total MED being prescribed is more than that recommended. The claimant meets criteria for discontinuing opioid medication and therefore continued prescribing of oxycodone was not medically necessary.