

Case Number:	CM15-0056160		
Date Assigned:	04/01/2015	Date of Injury:	05/04/2000
Decision Date:	05/05/2015	UR Denial Date:	03/12/2015
Priority:	Standard	Application Received:	03/24/2015

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 77 year old male, who sustained an industrial injury on 5/4/00. The diagnoses have included complex regional pain syndrome in the left foot. Treatment to date has included medications, activity modifications, and Home Exercise Program (HEP). The current medications included OxyIR and Zanaflex. Currently, as per the physician progress note dated 2/25/15, the injured worker states that he would be far less functional with increased pain and decreased sleep if he did not have pain medication as he states that he has been paying for his own OxyIR. He was on Zanaflex for about 6 months with increased spasm in the left lower extremity. The pain in the left foot was currently rated 6-7/10 on pain scale and 6/10 with medications and 8/10 without medications. He also states that he has difficulty sleeping as the spasms awake him at night. The documentation supports that activities of daily living (ADL's), functioning and sleep have improved with use of Zanaflex and OxyIR. The physician noted that the injured workers condition has changed for the worse due to workmen's compensation no longer approving the Zanaflex and OxyIR. The physician noted that the injured worker has been maintained on the same doses for years with improved function and quality of life. There was no urine drug screen noted. The physician requested treatment includes Oxycodone immediate release (IR) 30mg #150 for pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone immediate release (IR) 30mg #150: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-96.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that opioids may be considered for moderate to severe chronic pain as a secondary treatment, but require that for continued opioid use, there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. In the case of this worker, although brief and vague reports of benefit with Oxycodone IR were documented, there was insufficient evidence that this full review was completed, including a report of specific and measurable functional gains as well as measurable pain reduction, which would be required in order to help justify continuation. Therefore, the Oxycodone IR is not medically necessary until this is provided for review to confirm benefit.