

Case Number:	CM15-0059827		
Date Assigned:	04/06/2015	Date of Injury:	11/20/2009
Decision Date:	05/05/2015	UR Denial Date:	03/06/2015
Priority:	Standard	Application Received:	03/30/2015

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: Texas, Illinois
Certification(s)/Specialty: Preventive Medicine, Occupational 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 63 year old male who sustained a work related injury November 20, 2009. Past history included s/p right carpal tunnel surgery and left knee arthroscopy. While on a ladder he felt pain, fell to the ground, striking his knees, hand, and head. According to a physician's progress report, dated February 16, 2015, the injured worker presented with complaints of right hand pain and numbness, low back pain and tenderness, bilateral knee pain, and constant ringing in the ears. The physician documents further, that he is depressed and anxious, has sleeping difficulty, and has moderate-severe depression. Diagnoses are documented as; right hand carpal tunnel; lumbago; bilateral knee pain; tinnitus; numbness of limb right leg; and anxiety/depression. Treatment plan included monthly medications with 2 refills until 5/23/2015 of Morphine Sulfate, Diazepam, Neurontin, Amitriptyline, Cymbalta, Voltaren Topical and Oxycodone 15mg (1) up to two times a day QTY: 60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone tablets 15 mg (take 1-2 per day) Qty 60 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-49, Chronic Pain Treatment Guidelines Opioids Page(s): 78-80. Decision based on Non-MTUS Citation CA MTUS ACOEM Chapter 7: Independent Medical Examinations and Consultations, page 115.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Discussion; Opioids Page(s): 8; 78-81.

Decision rationale: The injured worker sustained a work related injury on November 20, 2009. The medical records provided indicate the diagnosis of right hand carpal tunnel; lumbago; bilateral knee pain; tinnitus; numbness of limb right leg; and anxiety/depression. The medical records provided for review do not indicate a medical necessity. The MTUS recommends the use of the lowest dose of opioids for the short term treatment of moderate to severe pain. The MTUS does not recommend the use of opioids for longer than 70 days in the treatment of chronic pain due to worsening adverse effects and lack of research in support of benefit. Also, the MTUS recommends that individuals on opioid maintenance treatment be monitored for analgesia (pain control), activities of daily living, adverse effects and aberrant behavior; the MTUS recommends discontinuation of opioid treatment if there is no documented evidence of overall improvement or if there is evidence of illegal activity or drug abuse or adverse effect with the opioid medication. The medical records reviewed indicate the injured worker has been using opioids at least since 2011 without overall improvement in pain and function, or need to decrease use of medications. The MTUS recommends discontinuing a method of treatment if subsequent review indicates the treatment has not been working. The request is not medically necessary.