

Case Number:	CM15-0081163		
Date Assigned:	05/01/2015	Date of Injury:	03/10/2005
Decision Date:	06/05/2015	UR Denial Date:	04/20/2015
Priority:	Standard	Application Received:	04/28/2015

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: Physical Medicine & Rehabilitation, Pain Management, 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 56 year old male, who sustained an industrial injury on 03/10/2005. The initial complaints and diagnoses were not mentioned in the clinical notes. Treatment to date has included conservative care, medications, x-rays, MRIs, CT scans, electrodiagnostic testing, conservative therapies, cervical fusion (08/23/2012), injections, bone scan, and right carpal tunnel release (03/23/2015). Currently, the injured worker complains of neck pain rated 6/10 with an average rating of 5-8/10. The injured worker had undergone a medial branch block on 01/15/2015 resulting in a decrease in pain from 7/10 to 3/10 for about 2 hours. Other complaints included headaches, difficulty sleeping, persistent anxiety and depression, and sexual dysfunction. Per another exam (02/05/2015), the injured worker also complains of pain and constant numbness in the right wrist and hand which extends up to his right shoulder and neck. An operative note was provided showing that the injured worker underwent a right carpal tunnel release on 03/23/2015. The diagnoses include severe right carpal tunnel syndrome (status post release on 03/23/2015), right forearm tendinitis, trapezial, paracervical and parascapular strain, status post right radial tunnel release, status post right medial epicondylar repair with flexor pronator origin repair, status post right first rib resections, cervical facet arthropathy, adjacent segment disease, and status post cervical discectomy and fusion at C4-C7. The request for authorization included oxycodone (denied) and Celebrex.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone 5mg #45 prescribed 3-26-15: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Page(s): 79.

Decision rationale: MTUS 2009 states that opioids should be discontinued if there is no functional improvement. The medical records do not document any meaningful functional improvement. MTUS 2009 also states that successful use of opioids to treat non-cancer pain should translate to meaningful functional improvement. However, this patient has had multiple orthopedic procedures involving nerves without a significant reduction in symptoms but possible risk factors for complex regional pain syndrome. Based upon the severity of the patient's post-operative condition, ongoing use of opioids may be reasonable for palliative purposes. There is no increased in demand for medications or request for invasive procedures to treat pain complaints at this dose. Therefore, this request for Oxycodone #45 is medically necessary.