

Case Number:	CM15-0083752		
Date Assigned:	05/06/2015	Date of Injury:	12/16/2002
Decision Date:	06/19/2015	UR Denial Date:	04/07/2015
Priority:	Standard	Application Received:	05/01/2015

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, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative 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 55 year old male, who sustained an industrial injury on 12/18/2002. He reported head trauma, gunshot wound to the left upper extremity, and posttraumatic stress symptoms and chronic abdominal pain status post development of a retroperitoneal hematoma. Diagnoses include posttraumatic neuropathic pain left upper extremity following gunshot wound, multiple fractures, obstipation secondary to opioids, traumatic brain injury with posttraumatic stress symptoms, retroperitoneal hemorrhage with residual abdominal pain and intermittent obstructive symptoms. Treatments to date include MS Contin 15mg four times daily; Oxycodone 5mg, two tablets twice a day, Mineral oil 15 ml, 30ml daily as needed, and psychotherapy. Currently, he complained of exacerbation of chronic severe left upper extremity pain. The provider documented a history of a large retroperitoneal hematoma and exsanguination of the retroperitoneal space that caused lingering chronic gastrointestinal difficulties including constipation and nausea. There was also history of severe withdrawal symptoms including severe vomiting, abdominal pain, shakes, chills, dizziness and other Central Nervous System symptoms. He also complained of feeling a bowel obstruction with vomiting and abdominal pain. There was concern documented due to dropping weight and losing muscle mass. On 3/27/15, the physical examination documented abdominal tenderness with no masses noted. The plan of care included Mineral Oil 30 ml daily as needed for constipation and Oxycodone 5mg tablets, two tablets by mouth twice a day, quantity #120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Mineral Oil 15 ml 480 ml oral #1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.drugs.com/cdi/mineral-oil-liquid.html> and <http://umm.edu/health/medical/altmed/condition/constipation>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Opioid Induced Constipation Treatment.

Decision rationale: Regarding the request for Mineral Oil, California MTUS does not contain criteria regarding constipation treatment. ODG states that opioid induced constipation is recommended to be treated by physical activity, maintaining appropriate hydration, and following a diet rich in fiber. Over-the-counter medication such as stool softeners may be used as well. Second line treatments include prescription medications. Within the documentation available for review, there are no recent subjective complaints of constipation. There is no statement indicating whether the patient has tried adequate hydration, well-balanced diet, and activity to reduce the complaints of constipation should they exist. In the absence of such documentation, the currently requested Mineral Oil is not medically necessary.

Oxycodone 5 mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, Chronic Pain Treatment Guidelines opioids, weaning of medications. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), pain (chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 44, 47, 75-79, 120 of 127.

Decision rationale: Regarding the request for oxycodone, California Pain Medical Treatment Guidelines state that oxycodone is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the medication is improving the patient's function or pain (in terms of specific examples of functional improvement and percent reduction in pain or reduced NRS), no documentation regarding side effects, and no discussion regarding aberrant use. As such, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested oxycodone is not medically necessary.