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| Case Number: | CM15-0085492 | | |
| Date Assigned: | 05/08/2015 | Date of Injury: | 09/23/2009 |
| Decision Date: | 06/12/2015 | UR Denial Date: | 04/25/2015 |
| Priority: | Standard | Application Received: | 05/05/2015 |

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, Indiana, New York
 Certification(s)/Specialty: Internal 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 42 year old female, who sustained an industrial injury on 9/23/2009. She reported multiple body parts injured after a motor vehicle accident. The injured worker was diagnosed as having left ankle pain, low back pain, left hip pain, and complex regional pain syndrome type I left lower extremity. Treatment to date has included CT scan, left ankle surgery, medications, lumbar epidural steroid injection, brace, x-rays, and lumbar sympathetic injection. The request is for Oxycodone Hydrochloride. The records indicate she has been utilizing Oxycodone since at least October 2014. On 3/12, 2015, she reported having a 75% pain relief in her leg from a lumbar sympathetic injection. She indicated medications provide 20% decrease in pain, and has increased gastrointestinal distress with nausea from Oxycodone and Lyrica.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone 30mg #120: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opiates.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Oxycodone 30 mg #120 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. Discontinuation of long-term opiates is recommended in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. The guidelines state the treatment for neuropathic pain is often discouraged because of the concern about ineffectiveness. In this case, the injured worker's working diagnoses are left ankle, not fusion status post multiple surgeries; CRPS left leg stable; status post lumbar sympathetic injection with moderate relief; obesity. The documentation shows the treating provider prescribed Tramadol and Vicodin in September 2010. On October 30, 2014, Oxycodone 30 mg QID is documented in the medical record. The most recent progress note in the medical record is dated February 12, 2015. The treating provider continued prescribing Oxycodone 30 mg QID. There were no intervening progress notes between October 2014 and February 2015. The request for authorization is dated April 16, 2015. There are no contemporaneous progress notes on or about the date of request for authorization (April 16, 2015). There are no risk assessments in the medical record. There are no detailed pain assessments in the medical record. There is no documentation indicating objective functional improvement. Consequently, absent contemporaneous clinical documentation with objective functional improvement to support the ongoing use of Oxycodone, risk assessments, detailed pain assessments and an attempt to wean Oxycodone, Oxycodone 30 mg #120 is not medically necessary.