

Case Number:	CM14-0136030		
Date Assigned:	09/05/2014	Date of Injury:	01/05/2006
Decision Date:	10/28/2014	UR Denial Date:	07/30/2014
Priority:	Standard	Application Received:	08/22/2014

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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Georgia. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 claimant is a female presenting with chronic pain following a work related injury on 01/05/2006. The claimant was diagnosed with bilateral carpal tunnel syndrome, bilateral cubital tunnel syndrome, status post arthroscopic repair of instability, right wrist and stiffness of the right wrist. The physical exam showed decreased grip strength, tenderness over the medial elbows bilaterally, positive Tinel's sign and positive Phalen's test at the wrist bilaterally, diminished sensation in both hands, tender over the right ulnar wrist and pain with restricted rotation. The claimant's medications included Naproxen, Prilosec, Mentherm and Oxycodone. A claim was placed for Oxycodone.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone 15mg 1 tab prn #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 92.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Page(s): 79. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

Decision rationale: Oxycodone 15mg 1 tab prn #120 is not medically necessary. Per California Medical Treatment Utilization Schedule (MTUS) Page 79 of California MTUS guidelines states

that weaning of opioids are recommended if (a) there are no overall improvement in function, unless there are extenuating circumstances (b) continuing pain with evidence of intolerable adverse effects (c) decrease in functioning (d) resolution of pain (e) if serious non-adherence is occurring (f) the patient requests discontinuing. The claimant's medical records did not document that there was an overall improvement in function or a return to work with previous opioid therapy. The claimant has long-term use with this medication and there was a lack of improved function with this opioid. In fact the claimant was designated permanent and stationary; therefore the requested medication is not medically necessary.

Oxycodone 60mg 1 tab prn #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 92.

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

Decision rationale: Oxycodone 60mg 1 tab prn #90 is not medically necessary. Per California Medical Treatment Utilization Schedule (MTUS) Page 79 of California MTUS guidelines states that weaning of opioids are recommended if (a) there are no overall improvement in function, unless there are extenuating circumstances (b) continuing pain with evidence of intolerable adverse effects (c) decrease in functioning (d) resolution of pain (e) if serious non-adherence is occurring (f) the patient requests discontinuing. The claimant's medical records did not document that there was an overall improvement in function or a return to work with previous opioid therapy. The claimant has long-term use with this medication and there was a lack of improved function with this opioid. In fact the claimant was designated permanent and stationary; therefore the requested medication is not medically necessary.