

Case Number:	CM14-0185778		
Date Assigned:	11/13/2014	Date of Injury:	03/08/2012
Decision Date:	12/19/2014	UR Denial Date:	10/13/2014
Priority:	Standard	Application Received:	11/07/2014

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 Family Medicine and is licensed to practice in California. 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:

This is a 63 year old female patient who sustained an injury on 3/08/2012. She sustained the injury while sitting at the edge of her chair, her chair rolled back, and she fell, striking her arm on the edge of the desk and landing on the floor. The diagnoses include chronic venous embolism and thrombosis of deep vessels of proximal lower extremity, shoulder pain, lateral epicondylitis, dizziness and giddiness. Per the doctor's note dated 9/24/14, patient had complaints of left shoulder pain, left elbow pain and left lower extremity pain. Physical examination revealed left shoulder- tenderness, restricted range of motion, positive Neer and Hawkin's test; left elbow- tenderness over the lateral epicondyle, full range of motion and negative Tinel's sign; left hip- tenderness over the trochanter; right knee- tenderness over the medial and lateral joint line; left leg- diffuse swelling and mild color changes; 4/5 strength in left lower extremity and decreased sensation in 4th and 5th digits and L5 and S1 dermatomes on the left side. The medication list includes voltaren gel, oxycodone, neurontin, aspirin, prozac, trazadone and estroven. She has undergone left shoulder arthroscopic rotator cuff repair, sub-acromial decompression, and debridement of the glenoid labrum on 11/2/12. She has had MRI of left shoulder on 04/16/12 which revealed a small amount of fluid in the subacromial/subdeltoid bursa region, a partial tear of the supraspinatus tendon with a full-thickness component at the insertion site on the greater tuberosity, and a micro-trabecular injury with bone marrow edema in the adjacent humeral head; EMG/NCS study dated 07/12/13 which revealed ulnar neuropathy at the left elbow. She has had physical therapy visits for this injury. She has had urine drug screen on 8/29/14 which was inconsistent for oxycodone and gabapentin and report dated 2/7/14 which was inconsistent for gabapentin and hydrocodone. The last urine drug screen on 9/26/14 was positive for oxycodone.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone 15mg # 90 Supply: 30 days for weaning purposes: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for Chronic Pain Page(s): 79-83.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria For Use Of Opioids Page(s): 76-80. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chapter: Pain (updated 11/21/14), Opioids, criteria for use.

Decision rationale: Oxycodone is an opioid analgesic. According to the cited guidelines, "A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." The records provided do not specify that that patient has set goals regarding the use of opioid analgesic. The treatment failure with non-opioid analgesics is not specified in the records provided. Other criteria for ongoing management of opioids are: "The lowest possible dose should be prescribed to improve pain and function. Continuing review of overall situation with regard to nonopioid means of pain control. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects...Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs." The records provided do not provide a documentation of response in regards to pain control and functional improvement to opioid analgesic for this patient. The continued review of overall situation with regard to non-opioid means of pain control is not documented in the records provided. As recommended by the cited guidelines a documentation of pain relief, functional status, appropriate medication use, and side effects should be maintained for ongoing management of opioid analgesic, these are not specified in the records provided. She has had urine drug screen on 8/29/14 which was inconsistent for oxycodone and gabapentin and report dated 2/7/14 which was inconsistent for gabapentin and hydrocodone. The last urine drug screen on 9/26/14 which was positive for oxycodone. In addition, patient was taking oxycodone as prn. Therefore weaning is not deemed as medically necessary. For weaning, the rationale for the oxycodone 15mg 90 tablets prescribed all at one time is not specified in the records provided. This patient did not meet criteria for ongoing continued use of opioids analgesic. The medical necessity of Oxycodone 15mg # 90 Supply: 30 days for weaning purposes is not fully established for this patient.