

Case Number:	CM14-0166220		
Date Assigned:	10/13/2014	Date of Injury:	09/25/2013
Decision Date:	03/13/2015	UR Denial Date:	09/25/2014
Priority:	Standard	Application Received:	10/09/2014

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. 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, Arizona
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 54-year-old male who reported an injury on 09/25/2013. The mechanism of injury was not provided. On 07/01/2014, the injured worker presented with complaints of a hard mass in the left ring finger. Upon examination, there was hard mass noted on the dorsal side of the left ring finger. Diagnoses were foreign body of the left ring and left forearm, left lateral leg, left posterior leg and left proximal medial forearm and left lateral forearm. The treatment plan included a Kenalog injection into the keloid to soften the scar and Percocet. The provider recommended oxycodone/APAP 5/325 mg 12 day supply with a quantity of 75. The provider's rationale was not provided and the Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone/APAP 5-325mg 12 day supply #75: 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 Opioids, Criteria for use. Page(s): 78.

Decision rationale: The request for oxycodone/APAP 5/325 mg 12 day supply #75 is not medically necessary. The California MTUS /ACOEM Guidelines state opioids are recommended for ongoing management of chronic pain. The guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. There is lack of documentation of an objective assessment of the injured worker's pain level, functional status, appropriate medication use, and side effects. Additionally, a recent pain contract and urine drug screen was not submitted for review. There is no information on if the injured worker has been prescribed oxycodone previously and the efficacy of the prior use of the medication was not provided. The provider's request does not indicate the frequency of the medication in the request as submitted. As such, the medical necessity has not been established.