

Case Number:	CM14-0216852		
Date Assigned:	01/06/2015	Date of Injury:	02/11/2010
Decision Date:	03/05/2015	UR Denial Date:	12/23/2014
Priority:	Standard	Application Received:	12/26/2014

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: Texas, Ohio, California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant filed a claim for chronic pain syndrome reportedly associated with an industrial injury of February 11, 2010. In a Utilization Review Report dated December 20, 2014, the claims administrator failed to approve a request for oxycodone reportedly prescribed on December 18, 2014. The claims administrator noted that the applicant had multifocal complaints of shoulder pain, arm pain, forearm pain, hand pain, neck pain, and myofascial pain syndrome. The claims administrator suggested (but did not clearly state) that the applicant was concurrently using Norco. The applicant's attorney subsequently appealed. On December 18, 2014, the applicant reported 6/10 pain with medications versus 8/10 pain without medications. The attending provider stated that the applicant's medications were keeping his pain within reasonable levels. The attending provider stated that the applicant's medications were beneficial but did not elaborate further. The applicant was reportedly using oxycodone immediate release and tramadol, it was stated. The applicant's work status was not clearly delineated, although the attending provider stated at the bottom of the report that he was endorsing disability paperwork on behalf of the applicant's attorney.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone 15mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids Page(s): 80.

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, the applicant was/is off of work, it was suggested on a December 18, 2014 progress note in which the attending provider endorsed the applicant's disability application. While the attending provider did outline some reduction in pain scores from 8/10 without medications to 6/10 with medications, these are, however outweighed by the applicant's failure to return to work and the attending provider's failure to outline any meaningful or material improvements in function effected as a result of ongoing oxycodone usage. Therefore, the request was not medically necessary.