

Case Number:	CM15-0102422		
Date Assigned:	06/04/2015	Date of Injury:	10/16/1998
Decision Date:	07/10/2015	UR Denial Date:	05/05/2015
Priority:	Standard	Application Received:	05/28/2015

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: Texas, New York, 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 is a represented [REDACTED] beneficiary who has filed a claim for chronic neck pain, hand pain, and alleged fibromyalgia reportedly associated with an industrial injury of October 16, 1998. In a Utilization Review report dated May 5, 2015, the claims administrator failed to approve two separate prescriptions for oxycodone, apparently prescribed on March 5, 2015 and March 27, 2015, respectively. The applicant's attorney subsequently appealed. On March 27, 2015, the applicant reported ongoing complaints of neck and upper back pain. The applicant was using oxycodone for pain relief; it was noted in one section of the note. Palpable tender points were noted on exam. The applicant was given diagnoses of fibromyalgia, hand arthritis, and cervical radiculopathy. Both oxycodone and gabapentin were renewed and/or continued. The attending provider stated that the applicant's medications were beneficial but did not elaborate further. The applicant's work status was not detailed, although it did not appear that the applicant was working with previously imposed permanent limitations in place. On March 5, 2015, the applicant reported ongoing complaints of neck and bilateral upper extremity pain. The applicant had superimposed issues with nephrolithiasis, it was reported. 8/10 pain complaints were noted. Upper extremity paresthesias were evident. The applicant was apparently given a prescription for oxycodone on this date. The applicant's permanent work restrictions were renewed. Once again, it was not explicitly stated whether the applicant was or was not working with said limitations in place.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone 30mg #90 (DOS: 3/5/15): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

Decision rationale: No, the request for oxycodone 30 mg was not medically necessary, medically appropriate, or indicated here. 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 because of the same. Here, however, the applicant's work status was not clearly detailed on the date in question, March 5, 2015. It did not appear that the applicant was working with permanent limitations in place. 8/10 pain complaints were reported on that date. While the attending provider stated that the applicant's medications were beneficial, this was neither elaborated nor expounded upon. The attending provider failed to outline meaningful, material or significant improvements in function or quantifiable decrements in pain (if any) effected because of ongoing oxycodone usage. Therefore, the request was not medically necessary.

Oxycodone 15mg #150 (DOS: 3/27/15): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

Decision rationale: Similarly, the request for oxycodone 15 mg was likewise not medically necessary, medically appropriate, or indicated here. 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 because of the same. Here, however, the applicant's work status was not clearly articulated on the date in question, March 27, 2015. It did not appear that the applicant was working with permanent limitations in place, however. The applicant's pain complaints were described as worsen on that date. While the attending provider stated that the applicant's medications were beneficial, this was neither quantified nor elaborated upon. The attending provider failed to outline meaningful or material improvements in function or quantifiable decrements in pain (if any) effected because of ongoing oxycodone usage. Therefore, the request was not medically necessary.