

Case Number:	CM15-0017214		
Date Assigned:	02/05/2015	Date of Injury:	02/10/1999
Decision Date:	03/23/2015	UR Denial Date:	01/12/2015
Priority:	Standard	Application Received:	01/29/2015

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: California

Certification(s)/Specialty: Emergency 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 injured worker is a 55 year old male, who sustained an industrial injury on 2/10/1999. On 1/12/15, the injured worker submitted an application for IMR for review of Oxycodone 15mg #76. The treating provider has reported the injured worker complained of chronic headaches, cervical pain, bilateral shoulder pain, left knee pain and walks with a left knee brace. The diagnoses have included myofascial pain syndrome of head, neck, bilateral shoulders and thoracic paravertebral muscles, bilateral occipital neuralgia, cervicogenic facet based pain, sleep disturbance, depression, impotence, status post implantation of bilateral peripheral occipital and cervical neuroelectrodes, and restore pulse generator, bilateral subacromial bursitis and impingement syndrome, left knee arthralgia, status post multiple arthroscopies and complex region pain syndrome left knee. Treatment to date has included left knee brace, multiple surgeries. On 1/12/15 Utilization Review non-certified Oxycodone 15mg #76. The MTUS and ODG Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone 15mg #76: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82 Page(s): Pages.

Decision rationale: CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, recommend continued use of this opiate for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The injured worker has chronic headaches, cervical pain, bilateral shoulder pain, left knee pain and walks with a left knee brace. The treating physician has not documented VAS pain quantification with and without medications, duration of treatment, objective evidence of derived functional benefit such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention, nor measures of opiate surveillance including an executed narcotic pain contract or urine drug screening. The criteria noted above not having been met, Oxycodone 15mg #76 is not medically necessary.