

Case Number:	CM15-0111221		
Date Assigned:	06/17/2015	Date of Injury:	08/01/2001
Decision Date:	07/16/2015	UR Denial Date:	05/22/2015
Priority:	Standard	Application Received:	06/09/2015

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: Arizona, California

Certification(s)/Specialty: Family Practice

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 57 year old male, who sustained an industrial injury on 8/1/01. He has reported initial complaints of bilateral recurrent inguinal hernias with groin pain after lifting a refrigerator. The diagnoses have included chronic pain syndrome, neuralgia/neuritis and radiculitis, bilateral recurrent inguinal hernia with repair and hypertension. Treatment to date has included medications, activity modifications, off work, diagnostics, spinal cord stimulator, pain management, and other modalities. Currently, as per the physician progress note dated 4/30/15, the injured worker complains of chronic pain in the bilateral inguinal groin areas with erectile dysfunction and joint pain. The physical exam was unremarkable and did not include any findings related to the groin area. The current pain medications included Lyrica, OxyContin, and clonidine. There is no previous urine drug screen noted in the records. The physician requested treatment included Oxycodone 40mg #60 for chronic inguinal groin pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone 40mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Oxycontin (oxycodone), Criteria for use of opioids, Weaning of Medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids
Page(s): 82-92.

Decision rationale: According to the MTUS guidelines, opioids are not indicated as 1st line therapy for neuropathic pain, and chronic back pain. They are not indicated for mechanical or compressive etiologies. They are recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Oxycontin (long-acting Oxycodone) for several months without routine documentation of pain scores, Tylenol/NSAID/Tricyclic failure. The continued use of Oxycontin 40mg is not medically necessary.