

Case Number:	CM15-0117371		
Date Assigned:	06/25/2015	Date of Injury:	04/12/2003
Decision Date:	07/24/2015	UR Denial Date:	05/22/2015
Priority:	Standard	Application Received:	06/17/2015

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: Physical Medicine & Rehabilitation, Pain Management

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 64 year old male, who sustained an industrial injury on April 12, 2003. The injured worker reported facial, left shoulder, wrist and hand pain due to physical assault. The injured worker was diagnosed as having reflex sympathetic dystrophy syndrome (RSD) upper extremities, pain limb, cervicgia, pain in joint involving hand, opiate induced constipation, tenosynovitis elbow, lesion of ulnar nerve and chronic pain syndrome. Treatment to date has included Transcutaneous Electrical Nerve Stimulation (TENS) unit, spinal cord stimulator, oral medications and transdermal medication. A progress note dated May 12, 2015 provides the injured worker complains of increased bilateral arm and hand pain. He reports breakthrough pain has increased in frequency to 8-10 times a day lasting 20 minutes and relieved by medication and spinal cord stimulator. He also reports pain at the site of his spinal cord stimulator battery site. Physical exam notes the injured worker holds his left upper extremity in his lap in a guarded position. The plan includes holding off on weaning Oxycodone due to increased pain, morphine, Lyrica, docusate sodium and possible detox for opiate weaning.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone 10mg #120: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 44, 47, 75-79, 120 of 127.

Decision rationale: Regarding the request for Oxycodone 10mg #120, California Pain Medical Treatment Guidelines note that it is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, it appears that the patient's breakthrough pain is "relieved" with the current pain medication. Additionally, it appears the requesting physician is in the process of weaning the patient's opiate dose and considering detox. A one-month prescription, to allow the requesting physician time to figure out the next course of action seems reasonable. As such, the currently requested Oxycodone 10mg #120 is medically necessary.