

Case Number:	CM15-0120928		
Date Assigned:	07/01/2015	Date of Injury:	12/14/2007
Decision Date:	07/30/2015	UR Denial Date:	05/22/2015
Priority:	Standard	Application Received:	06/23/2015

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

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 58 year old male, who sustained an industrial/work injury on 12/14/07. He reported initial complaints of left neck, mid thorax, sacroiliac, left buttock, and bilateral posterior shoulder pain. The injured worker was diagnosed as having cervical disc disorder, shoulder tendinitis, calcifying tendinitis of shoulder, carpal tunnel syndrome, lumbar displacement without myelopathy, myalgia and myositis, s/p lumbar discectomy. Treatment to date has included medication, acupuncture, and diagnostic testing. MRI results were reported on 4/12/15 and 4/19/15. Currently, the injured worker continues with complaints of pain in the lumbosacral region, shoulders, cervical area, upper extremities, knees, chest, TMJ, and thoracic regions. Pain was 5-8/10. There was also dizziness. Per the primary physician's progress report (PR-2) on 5/14/15, exam notes numbness tingling left posterior shoulder, arm, elbow, forearm, wrist, hand; mid thoracic, lower thoracic; right posterior shoulder, arm, elbow, forearm, wrist, hand; right/left lumbar; right anterior shoulder, elbow, forearm, wrist; left anterior arm, shoulder, elbow, forearm, headache, wrist, hand; right/ left foot pain approximately 40% of the time. There was limited range of motion in the cervical, bilateral shoulder, wrist, and lumbar areas. Current plan of care included cardiology and dental follow up, acupuncture, and medication. The requested treatments include Oxycodone 30mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone 30mg #60 (1 Tab Po Bid 30 Day Supply): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, page(s) 74-96.

Decision rationale: Pain symptoms and clinical findings remain unchanged for this chronic injury. Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or improved functional status. There is no evidence presented of random drug testing or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain for this chronic injury. In addition, submitted reports have not adequately demonstrated the specific indication to support for chronic opioid use without acute flare-up, new injuries, or progressive clinical deficits to support for chronic opioids outside recommendations of the guidelines. The Oxycodone 30mg #60 (1 Tab Po Bid 30 Day Supply) is not medically necessary and appropriate.