

Case Number:	CM15-0122336		
Date Assigned:	07/28/2015	Date of Injury:	07/22/1998
Decision Date:	09/23/2015	UR Denial Date:	05/28/2015
Priority:	Standard	Application Received:	06/24/2015

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: New York, Tennessee

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 49 year old, male who sustained a work related injury on 7/22/98. The diagnoses have included chronic pain, lumbar facet arthropathy, low back pain, cervicgia and knee pain. Treatments have included oral medications, Fentanyl patches, use of pain pump, knee bracing, intramuscular pain injections, ice, rest, and leg elevation. In the Visit note dated 9/22/14, the injured worker complains of chronic pain in his low back, right leg, and neck. He rates his average pain level in last week a 6/10. He complains of "flaccid spasms" while walking and his right leg gave out and he fell on his knee. The medications allow him to function in day-to-day activities. The medications help him 50% or greater in reducing his pain during flare-ups. There is mild swelling in left knee after wraps removed. He has moderate pitting edema in the right calf. He cannot fully flex or extend his right knee and has diffuse tenderness. He is not working. The treatment plan for this visit includes a switch Oxycodone to Dilaudid. The requested treatment of Oxycodone is not noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxy IR 10mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 74-96.

Decision rationale: Oxy IR is an immediate release preparation of the opioid medication oxycodone. Chronic Pain Medical Treatment Guidelines state that opioids are not recommended as a first line therapy. Opioid should be part of a treatment plan specific for the patient and should follow criteria for use. Criteria for use include establishment of a treatment plan, determination if pain is nociceptive or neuropathic, failure of pain relief with non-opioid analgesics, setting of specific functional goals, and opioid contract with agreement for random drug testing. If analgesia is not obtained, opioids should be discontinued. The patient should be screened for likelihood that he or she could be weaned from the opioids if there is no improvement in pain or function. It is recommended for short-term use if first-line options, such as acetaminophen or NSAIDS have failed. In this case the patient has been prescribed Dilaudid instead of oxycodone since September 2014. Oxycodone is not necessary as the patient has been prescribed an alternative opioid medication. Therefore, the request is not medically necessary.