

Case Number:	CM15-0170145		
Date Assigned:	09/10/2015	Date of Injury:	06/24/2007
Decision Date:	10/08/2015	UR Denial Date:	07/31/2015
Priority:	Standard	Application Received:	08/28/2015

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 Jersey, Alabama, California

Certification(s)/Specialty: Neurology, Neuromuscular 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 43 year old male, who sustained an industrial injury on 6-24-2007. The current diagnoses are right upper extremity pain (hand, arm, and forearm), right wrist pain, right shoulder pain, right elbow pain, and left knee pain. According to the progress report dated 7-21-2015, the injured worker complains of pain in the right upper extremity (wrist, shoulder, and thumb). He rates his current pain 5 out of 10 on a subjective pain scale. In the last month, least pain 2 out of 10, average pain 4 out of 10, and worst pain 7 out of 10. He notes that his pain is helped 45% with pain medication. The physical examination reveals pain and tenderness in the right shoulder, wrist, and thumb with decreased range of motion. The current medications are MS Contin and Oxycodone. Per the treating physician, the urine drug screens from 4-27-2014 and 4-24-2015 were "appropriate". There is documentation of ongoing treatment with Oxycodone since at least 2014. Treatment to date has included medication management, x-rays, MRI studies, and cortisone injection. He recently saw a surgeon who recommended right shoulder repair, which is pending authorization. Work status is described as "remain off work". The original utilization review (7-31-2015) partially approved a request for Oxycodone #18 (original request for #24) to allow for continued weaning.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone 15mg #24: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

Decision rationale: According to MTUS guidelines, Oxycodone as well as other short acting opioids are indicated for intermittent or breakthrough pain (page 75). It can be used in acute post operative pain. It is not recommended for chronic pain of longterm use as prescribed in this case. In addition and according to MTUS guidelines, ongoing use of opioids should follow specific rules: "(a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy. (b) The lowest possible dose should be prescribed to improve pain and function. (c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non adherent) drug- related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework". In this case, the patient has been using Oxycodone since at least 2014 however there is no documentation of significant pain improvement. In addition, the patient reported side effects including drowsiness, sweating, mood changes, and difficulty thinking. MTUS guidelines do not recommend Oxycodone as PRN medication. Therefore, the prescription of Oxycodone 15 mg #24 is not medically necessary.