

Case Number:	CM15-0173796		
Date Assigned:	09/15/2015	Date of Injury:	12/29/2001
Decision Date:	10/23/2015	UR Denial Date:	08/06/2015
Priority:	Standard	Application Received:	09/03/2015

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: Pennsylvania, Ohio, 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 60 year old male, who sustained an industrial injury on 12-29-01. The injured worker was diagnosed as having lumbago; headache; ref symptoms dyst upper limb; joint pain arm; brain injury OT; anxiety state unspecified; depression, reactive; insomnia due to medical condition classified elsewhere; lumbago low back pain; cervical pain-cervicalgia. Treatment to date has included physical therapy; medications. Diagnostics studies included MRI lumbar spine. Currently, the PR-2 notes dated 7-21-15, the provider documents "Patient has been doing very poorly. He has a lot of pain in the left upper extremity due to injury and severe RSD. Meds were non-certified and were not filled. He had bad withdrawal syndrome surrounding Gabapentin. We furnished Gralise samples and have self-procured Oxycodone. Nucynta really helped but it was non-certified." He injured worker presented on this date with left arm pain, headache, and elbow pain. The provider documents the presented pain level as "9 out of 10 with medication. He also presented with pain scale of 10 out of 10 without medication." The injured worker reports he is unable to cook do laundry, garden, shop, bath requiring assistance, unable to dress, or drive. He is able to manage his medications and brush his teeth. The provider lists his medications as: testosterone cypionate 200mg intramuscular oil, Metformin 1000mg tab, Gralise 600mg 3 tabs PO bedtime; Wellbutrin XL 300mg every day. On physical examination, the provider documents "Left upper extremity palpation-shoulder: tenderness at the subacromial space and pain with resisted abduction; ROM-shoulder decreased abduction and pain with abduction; muscle strength-tone-shoulder flaccid, cog wheeling and supraspinatus". Prescriptions listed on this date: "oxycodone

30mg tablet, ¾ Tablet(s), PO Q4H PRN, 30 days, for a total of 180, start on July 21, 2015, end on August 19, 2015 and ba." The provider's treatment plan documents "Patient needs meds. They increase function and decrease pain. Without them he suffers. Also he cannot rest without them." A Request for Authorization is dated 9-2-15. A Utilization Review letter is dated 8-6-15 and non-certification was for Oxycodone 30mg #180. Utilization Review states "Prior reviews determined that the use of oxycodone was no longer indicated due to a lack of sustained functional improvement. The most recent reviews too place on 6-2-15 and 6-30-15, each of which non-certified the requested narcotic. These determinations followed several appropriately applied modifications for weaning. The use of this opiate dated back to at least June 2012, the earliest available treatment record." The Utilization Review referenced the California Chronic Pain Medical treatment Guidelines (May 2009) for this decision. The provider is requesting authorization of Oxycodone 30mg #180.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone 30mg #180: 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, criteria for use.

Decision rationale: MTUS discusses in detail the 4 A's of opioid management, emphasizing the importance of dose titration vs. functional improvement and documentation of objective, verifiable functional benefit to support an indication for ongoing opioid use. The records in this case do not meet these 4As of opioid management and do not provide a rationale or diagnosis overall for which ongoing opioid use is supported. Therefore this request is not medically necessary.