

Case Number:	CM15-0027405		
Date Assigned:	02/19/2015	Date of Injury:	06/22/2010
Decision Date:	04/02/2015	UR Denial Date:	01/23/2015
Priority:	Standard	Application Received:	02/13/2015

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 57 year old male, who sustained an industrial injury on 6/22/2010. He has reported severe hip pain. The diagnoses have included chronic right hip pain, osteoarthritis, hip arthroplasty pending, Open Reduction and Internal Fixation (ORIF) right ankle, status post left shoulder surgery. Treatment to date has included medication therapy, joint injections, and physical therapy. Currently, the IW complains of severe hip pain. Physical examination from 1/9/15 documented ambulation with a limp. The provider documented a history of hepatitis and treatment with interferon thereby changing the pain medication on that date from Vicodin one tablet four times daily to Oxycodone 5mg one tablet four times daily, to be used while pending total hip replacement surgery. On 1/23/2015 Utilization Review modified certification for Oxycodone 5mg #30, noting that one month supply was authorized to allow the provider to submit necessary documentation or to initiate a weaning process. The MTUS Guidelines were cited. On 2/13/2015, the injured worker submitted an application for IMR for review of Oxycodone 5mg #120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone 5mg #120 QTY: 120.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids; Oxycodone Page(s): 78-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Section Page(s): 75-80.

Decision rationale: Regarding the request for oxycodone (Roxicodone), Chronic Pain Medical Treatment Guidelines state that oxycodone 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, the patient has been taking Norco without significant improvement of pain scale or functional status. The provider prescribed oxycodone to reduce acetaminophen exposure from Norco. There is no indication that opioid medication is improving the patient's function or pain, no documentation regarding side effects, and no discussion regarding aberrant use within the submitted documentation. A urine drug screen from an unknown date indicated non-compliance with the opioid treatment at that time. As such, there is no evidence to support the ongoing use of opioid medication. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested oxycodone (Roxicodone) is not medically necessary.