

Case Number:	CM15-0074056		
Date Assigned:	04/24/2015	Date of Injury:	04/22/2011
Decision Date:	05/22/2015	UR Denial Date:	04/01/2015
Priority:	Standard	Application Received:	04/17/2015

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: 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 female, who sustained an industrial/work injury on 4/22/11. She reported initial complaints of pain, tingling, and numbness in the wrist and hand along with neck pain that radiated to both shoulders. The injured worker was diagnosed as having hand sprain, sprains and strains of wrist, carpal tunnel syndrome, median nerve entrapment, partial thenar atrophy, ulnar neuritis, cervical spondylosis, and intervertebral disc disorder. Treatment to date has included medication, physical therapy, acupuncture, home exercise program, splints, and steroid injection. MRI results were reported on 5/15/14. Currently, the injured worker complains of worsening pain in both wrists, hands that are achy, sore, burning, throbbing. There is medial and lateral numbness/tingling, proximal palmar hands/wrists. Per the primary physician's progress report (PR-2) on 2/23/15, examination reported pain with motion of the left elbow, tenderness at the cubital tunnel, positive Tinel's, 3/5 to bilateral hands, tender proximal /medial prominence, and weakness of upper extremities with intrinsic hand muscles, hand grips, and decreased sensation in the ulnar distribution of hand dermatomes. The requested treatments include Oxycodone HCL.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone HCL 10 MG 1 BID #60 A Month: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82 Page(s): 78-82.

Decision rationale: The requested Oxycodone HCL 10 MG 1 BID #60 A Month, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, recommend continued use of this opiate for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The injured worker has worsening pain in both wrists, hands that are achy, sore, burning, throbbing. There is medial and lateral numbness/tingling, proximal palmar hands/wrists. Per the primary physician's progress report (PR-2) on 2/23/15, examination reported pain with motion of the left elbow, tenderness at the cubital tunnel, positive Tinel's, 3/5 to bilateral hands, tender proximal /medial prominence, and weakness of upper extremities with intrinsic hand muscles, hand grips, and decreased sensation in the ulnar distribution of hand dermatomes. The treating physician has not documented VAS pain quantification with and without medications, duration of treatment, objective evidence of derived functional benefit such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention, nor measures of opiate surveillance including an executed narcotic pain contract or urine drug screening. The criteria noted above not having been met, Oxycodone HCL 10 MG 1 BID #60 A Month is not medically necessary.