

Case Number:	CM15-0077317		
Date Assigned:	04/28/2015	Date of Injury:	07/25/2013
Decision Date:	06/02/2015	UR Denial Date:	04/21/2015
Priority:	Standard	Application Received:	04/22/2015

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: Internal 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 32-year-old female who sustained an industrial injury on 07/25/13. Initial complaints and diagnoses are not available. Treatments to date include medications, physical therapy, bilateral sympathetic nerve blocks, cognitive behavioral therapy, and a brace. Diagnostic studies are not addressed. Current complaints include bilateral hand pain. Current diagnoses include reflex sympathetic dystrophy syndrome, upper extremities, other lesion of the median nerve, and medial nerve compression at the wrist bilaterally. In a progress note dated 04/14/15 the treating provider reports the plan of care as continued cognitive behavioral therapy, trial of Oxycodone, and refill amitriptyline and ibuprofen. The requested treatment is Oxycodone.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone 10 mg, ninety count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78, 124.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-48, Chronic Pain Treatment Guidelines Opioids Page 74-96.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines address opioids. The lowest possible dose should be prescribed to improve pain and function. 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 nonadherent) 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). Frequent evaluation of clinical history and frequent review of medications are recommended. Periodic review of the ongoing chronic pain treatment plan for the injured worker is essential. Patients with pain who are managed with controlled substances should be seen regularly. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 3 states that opioids appear to be no more effective than safer analgesics for managing most musculoskeletal symptoms. Opioids should be used only if needed for severe pain and only for a short time. Medical records document the long-term use of opioids. The primary treating physician's progress report dated 1/13/15 documented that the patient's current medications include Oxycodone 5 mg. Oxycodone provides provides some relief. Oxycodone lasts only one hour. Oxycodone cannot be used at work. The date of injury was 7/25/13. The primary treating physician's progress report dated 3/11/15 documented Butrans was discontinued due to memory problems. Vicodin was discontinued due to altered sensorium. The primary treating physician's progress report dated 4/14/15 documented that that patient failed Percocet, which had an adverse drug reaction - itchy. The patient's current medications included Percocet 5/325 mg, but the patient reported increased pain. The treatment plan included a trial of Oxycodone 10 mg three times a day #90 to allow the patient to continue to work. The 1/13/15 progress report documented that Oxycodone cannot be used at work. Percocet contains 5 mg of Oxycodone. The progress reports document inadequate analgesia with Oxycodone. The progress reports document adverse side effects with opioids. The progress reports document adverse side effects with Oxycodone. Because the patient has reported adverse side effects with Oxycodone, the request for Oxycodone is not supported by MTUS guidelines. The request for Oxycodone is not medically necessary.