

Case Number:	CM15-0078525		
Date Assigned:	04/29/2015	Date of Injury:	07/19/2011
Decision Date:	07/10/2015	UR Denial Date:	04/03/2015
Priority:	Standard	Application Received:	04/24/2015

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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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 54 year old female, who sustained an industrial injury on 07/19/2011 when she was involved in a motor vehicle accident. She reported injury to her neck, low back and right knee. Treatment to date has included medications, epidural steroid injections, injections for the knee and cervical spine surgery. According to a progress report dated 02/18/2015, the injured worker presented with a chief complaint of neck and shoulder pain. The injured worker was involved in a fall secondary to her accepted condition where her legs gave out on her. She had been having problems and was seen in the emergency room on 01/20/2015. She was diagnosed with a rib fracture on the left. She had difficulty with pushing, pulling, reaching and lifting. She had an increased amount of back pain and spasms as well as shooting pain in the lower extremities. She was not evaluated but came in for medication refills. Current medications included OxyContin, Paroxetine, Xanax, Oxycodone, Lorazepam and Zofran. Diagnoses included neuralgia, neuritis and radiculitis not otherwise specified, cervical disc degeneration, cervicobrachial syndrome, internal derangement of knee not otherwise specified and lumbosacral strain and bursitis of the knee. The treatment plan included MRI of the cervical spine and left shoulder and medications, which included OxyContin, Xanax, Oxycodone and Paroxetine. Documentation submitted for review shows that the injured worker was utilizing OxyContin and Oxycodone dating back to 05/21/2014. Currently under review is the request for OxyContin 80mg #60 and Oxycodone HCL 30mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 80mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 78-81. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-85, 88-89.

Decision rationale: This 54 year old male has complained of neck pain, back pain and knee pain since date of injury 7/19/11. He has been treated with surgery, epidural steroid injections, steroid injections, physical therapy and medications to include opioids since at least 05/2014. The current request is for Oxycontin. No treating physician reports adequately assess the patient with respect to function, specific benefit, return to work, signs of abuse or treatment alternatives other than opioids. There is no evidence that the treating physician is prescribing opioids according to the MTUS section cited above which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract and documentation of failure of prior non-opioid therapy. On the basis of this lack of documentation and failure to adhere to the MTUS guidelines, Oxycontin is not indicated as medically necessary.

Oxycodone HCL 30mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 78-81. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-85, 88-89.

Decision rationale: This 54 year old male has complained of neck pain, back pain and knee pain since date of injury 7/19/11. He has been treated with surgery, epidural steroid injections, steroid injections, physical therapy and medications to include opioids since at least 05/2014. The current request is for Oxycodone. No treating physician reports adequately assess the patient with respect to function, specific benefit, return to work, signs of abuse or treatment alternatives other than opioids. There is no evidence that the treating physician is prescribing opioids according to the MTUS section cited above which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract and documentation of failure of prior non-opioid therapy. On the basis of this lack of documentation and failure to adhere to the MTUS guidelines, Oxycodone is not indicated as medically necessary.