

Case Number:	CM15-0079215		
Date Assigned:	04/30/2015	Date of Injury:	10/10/2013
Decision Date:	05/29/2015	UR Denial Date:	03/27/2015
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: California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 50 year old male who sustained an industrial injury on 10/10/13. Initial complaints and diagnoses include a traumatic amputation of the left arm. Current complaints include unrelenting left shoulder pain. Treatments to date include shoulder surgery, a left stellate ganglion block, and medications. Diagnostic studies include a nerve conduction study. Current diagnoses include shoulder joint pain, Left arm amputation, complex regional pain syndrome, and reflex sympathetic dystrophy syndrome. In a progress note dated 03/17/15 the treating provider reports the plan of care as continued medications including oxycodone. 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 30mg #150: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-9, Chronic Pain Treatment Guidelines Medications for chronic pain; Opioids; Weaning of medication Page(s): 60-1, 74-96, 124.

Decision rationale: Oxycodone (OxyContin) is a semisynthetic opioid indicated for treatment of moderate to severe pain available in immediate release (Oxycodone IR) and controlled release forms. According to the MTUS, opioid therapy for control of chronic pain, while not considered first line therapy, is considered a viable alternative when other modalities have been tried and failed. When being used to treat neuropathic pain it is considered a second-line treatment (first-line medications are antidepressants and anticonvulsants), however, there are no long-term studies to suggest chronic use of opioids for neuropathic pain. It is known that long-term use of opioids is associated with hyperalgesia and tolerance. Success of this therapy is noted when there is significant improvement in pain or function. It is important to note, however, the maximum daily dose of opioids, calculated as morphine equivalent dosing from use of all opioid medications, is 120 mg per day. The major risks of opioid therapy are the development of addiction, overdose and death. The pain guidelines in the MTUS directly address opioid use by presenting a number of recommendations required for providers to document safe use of these medications. The patient's present dose has a total morphine equivalent dose of 135 mg per day. The patient has been using opioids for over 6 months yet many provider's notes state medications are not effective at controlling pain, and this is at the maximum recommended dose for opioid medications. There is no documentation of a drug contract with the patient for single provider prescribing opioid medications and recent urine drug testing are suggestive of opioid abuse as there is presence of non-prescribed opioids. Since the medication does not appear to lessen the pain and there is evidence of opioid abuse continued use of opioids in this patient is not indicated. However, because of the danger from withdrawal consideration should be given to continuing this medication long enough to allow safe tapering. Continued use of this medication is not medically necessary.