

Case Number:	CM16-0239110		
Date Assigned:	12/22/2016	Date of Injury:	10/18/2016
Decision Date:	01/20/2017	UR Denial Date:	11/29/2016
Priority:	Standard	Application Received:	12/13/2016

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 38 year old male who sustained an industrial injury on 10-18-16. The injured worker was diagnosed as having status post rib fracture T9-10. Treatment to date has included medications. Currently, the PR-2 notes dated 11-22-16 indicated the injured worker slipped and fell while working and broke his ribs on 10-18-16. Since then, the injured worker has been in severe pain and taking pain medications. The last visit, the injured worker was provided some stronger pain medication, Oxycodone HCL ER 20mg but this was not certified. Then, the injured worker was depending on Percocet that was helping but only 4-6 hours with little less pain. The treatment plan by the provider includes "OxyContin 20mg one tablet every 12 hours to reduce the breakthrough pain if certified by insurance; if not, Percocet 5-325mg 1-2 tablets every 4-6 hours which will also help the pain; follow-up in 2 weeks for further evaluation and treatment." A Request for Authorization is dated 12-15-16. A Utilization Review letter is dated 11-29-16 and non-certification for Oxycodone HCL ER 20mg #60 day supply: 30. A request for authorization has been received for Oxycodone HCL ER 20mg #60 day supply: 30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone HCL ER 20mg #60 day supply: 30: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Opioid Treatment 2016, Section(s): 1.3 Opioids for Acute Pain: Severe Acute Injuries.

Decision rationale: MTUS Guidelines support limited time use of opioids for severe acute injuries which this individual has experienced. There are several rib fractures and a reported vertebral compression with inadequate pain relief at the time of this recommendation. There is a cursory review of risks for misuse, but this individual has a nicotine addiction which significantly increases his risk of developing chronic pain. There is no review of CURES data base to evaluate for other sources of opioid medications which is Guideline recommended. It would not be appropriate to deny better pain control on an acute basis for these acute fractures, but if Guidelines recommendations are not being followed closely at 3 months or more after the injury this should likely be re-reviewed. Under the circumstances at the time of the review (less than 3 months s/p injury), the Oxycodone HCL ER 20mg #60 day supply: 30 is medically necessary.