

Case Number:	CM13-0023825		
Date Assigned:	11/15/2013	Date of Injury:	12/16/2010
Decision Date:	05/28/2014	UR Denial Date:	08/22/2013
Priority:	Standard	Application Received:	09/12/2013

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. The expert reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 46 year old female who sustained an injury on 12/16/10 when a table collapsed crushing the right ankle and causing the patient to fall on the left forearm. The patient did require a prior open reduction and internal fixation in 2011. The patient also was being followed for chronic low back pain. A prior MRI study of the lumbar spine from 04/05/13 noted mild facet hypertrophy at L4-5. At L5-S1, there was mild disc desiccation and disc height loss with a small 1-2mm annular disc bulge and mild facet hypertrophy contributing to mild right foraminal stenosis only. Prior electrodiagnostic studies from 03/27/13 noted an absence of findings consistent with cervical radiculopathy or plexopathy. The patient did undergo removal of the left ulnar plate and screws on 06/06/13. The patient was seen for an agreed medical evaluation on 09/05/13. Per the agreed medical evaluation report, there had been previous issues with medication compliance. There was reported inconsistent drug screen findings; however, the clinical documentation available for review did not include any prior toxicology results. At this visit, the patient continued to complain of intermittent left upper extremity pain with associated weakness in the left hand and wrist. The patient also reported radiating pain to the right lower extremity with associated ankle pain and swelling. At this evaluation, the patient was utilizing Oxycodone 5mg \hat{A} ½ tablet in the morning and in the evening. The patient was attempting to self-wean on this medication. On physical examination, there was an antalgic gait noted with discomfort on range of motion of the low back and right ankle. Reflexes were 2+ and symmetric. No true underlying weakness was identified. There was no dermatomal sensory loss identified. Overall, the patient was felt to be a poor surgical candidate due to a significant psychiatric comorbidity and history of marital problems. The most recent evaluation was from Dr. Cavayan on 10/15/13. The patient reported some withdrawal symptoms while trying to reduce Oxycontin. At this evaluation, the patient was utilizing Oxycontin 50mg in the morning and 25mg in the

evening. On physical examination, there was limited range of motion in the right ankle. No neurological deficit was identified. The patient was recommended for a further pain management consult due to withdrawal symptoms while self-weaning off of Oxycontin.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRESCRIPTION FOR OXYCONTIN 5MG BID #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 76, 78, 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS, CRITERIA FOR USE Page(s): 108-130.

Decision rationale: The request for Oxycontin 5mg BID is recommended as medically necessary. The patient was able to attempt self-weaning per the clinical reports but subsequently developed withdrawal symptoms and increasing pain. The patient had not yet been seen for a pain management consult. The continuation of Oxycontin at 5mg with 60 tablets would be medically necessary in order to prevent further withdrawal symptoms until the patient is able to see a pain management physician regarding further weaning of narcotic medications. As such, the Oxycontin at 5mg, 60 tablets is medically necessary and appropriate.

NERVE CONDUCTION VELOCITY STUDIES OF THE BILATERAL LOWER EXTREMITIES: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 60-61, 303, Chronic Pain Treatment Guidelines Page(s): 6.

Decision rationale: Nerve Conduction Velocity (NCV) of the bilateral lower extremities is not recommended as medically necessary. There is no indication from the most recent clinical evaluations that the patient has any lower extremity symptoms consistent with possible peripheral neuropathy to require nerve conduction studies. Therefore, this request is not medically necessary and appropriate.

ELECTROMYOGRAPHY OF THE BILATERAL LOWER EXTREMITIES: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: The patient has had previous Electromyography (EMG) studies which found no evidence for lumbar radiculopathy. The most recent evaluations for this patient from October of 2013 did not identify any specific neurological deficit possibly consistent with lumbar radiculopathy that would require further diagnostic studies to confirm this diagnosis. At this point in time, it is unclear how this study would provide any additional clinical information to help delineate the patient's care. Therefore, this request is not medically necessary and appropriate at this time.

PAIN MANAGEMENT/PHYSIATRY CONSULT: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE, 2ND EDITION: CHAPTER 7; INDEPENDENT MEDICAL EXAMINATIONS AND CONSULTATIONS

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE (ACOEM), 2ND EDITION, (2004), 7, 7

Decision rationale: The request for a pain management consult is recommended as medically necessary. The patient has been attempting to self-wean off of Oxycontin but has experienced significant withdrawal symptoms. In this case, the patient should be seen by a pain management physician with a specialty in narcotics weaning to allow for an appropriate treatment plan to be formulated to help the patient fully wean off of narcotics. The clinical documentation does indicate the patient is motivated to wean off of narcotic medications. Therefore, this request is medically necessary and appropriate.