

Case Number:	CM13-0025679		
Date Assigned:	11/20/2013	Date of Injury:	05/16/2009
Decision Date:	01/10/2014	UR Denial Date:	09/09/2013
Priority:	Standard	Application Received:	09/17/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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 physician 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 39-year-old male with a date of injury of May 16, 2009. Progress note dated August 12, 2009, shows the patient is suffering from left hand, right arm, left leg and low back pain with severe headaches. His chronic symptoms are subsequent to the motor vehicle accident in 2009. The patient has burns over 70 % of his body. The report states the patient had nausea, vomiting and withdrawal symptoms due to not having Opana ER because of a pharmacy mistake. The patient states he has a pain of 10/10 without medications and the pain of 5 to 7/10 with medications. Patient has been diagnosed with chronic pain syndrome, prescription narcotic dependence, anxiety and depression. There is no documentation of patients increase in function and ability to promote ADLs with Opana in the requesting progress note. There is no evidence of patient functional improvement with the medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Opana ER 40mg quantity 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 85.

Decision rationale: The CA MTUS chronic pain guidelines recommend that for continued opioid use there should be documentation of increased function as well as decrease in pain. There is no documentation as of this request. In addition there is indication that this patient is showing opioid dependence. This patient has been on opiate Final Determination Letter for IMR [REDACTED] 3 medications for an extended period time and there is no documentation of increased function as required by the chronic pain guidelines. The request for Opana ER 40mg quantity 60 is not medically necessary and appropriate.

Opana IR 10 mg quantity 120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 85..

Decision rationale: The CA MTUS chronic pain guidelines recommend that for continued opioid use there should be documentation of increased function as well as decrease in pain. There is no documentation as of this request. In addition there is indication that this patient is showing opioid dependence. This patient has been on opiate medications for an extended period time and there is no documentation of increased function as required by the chronic pain guidelines. The request for Opana IR 10mg is not medically necessary and appropriate.

Hydraguard Cream: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: The California MTUS and ACOEM guidelines do not address this medication. Hydroguard gel is a silicone-based lubricant/lotion for the treatment of wounds. Pub med search reveals that there is differing evidence to show that this medication may help the healing of scars. There are no guidelines for the use of the requested medication and medical evidence is not shown a clear efficacy for this medication. There is no documentation about the use of this medication nor is there documentation for the dosage of this medication. . The patient suffered burns over 3 years ago and is no documentation indicating the need for this medication. The request for Hydraguard Cream is not medically necessary and appropriate.