

Case Number:	CM13-0026804		
Date Assigned:	07/02/2014	Date of Injury:	11/07/2004
Decision Date:	08/29/2014	UR Denial Date:	08/23/2013
Priority:	Standard	Application Received:	09/19/2013

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 Anesthesiology, has a subspecialty in Pain Management 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 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 injured worker is a 36-year-old female who reported injury on 11/07/2004. The documentation indicated the injured worker had been utilizing the oxycodone since at least 03/2013. The mechanism of injury was not provided. The documentation of 08/14/2013 revealed the injured worker's quality of life had remained the same as had her activity level. The injured worker indicated she had no side effects. The injured worker indicated the medications were working well. The current medications were noted to be Ambien 10 mg tablets 1 at bedtime, Neurontin 400 mg 1 four times a day, Skelaxin 800 mg 1 three times a day, Motrin 800 mg 1 daily, Oxycodone Hydrochloride 15 mg tablets 1 five times a day as needed, and Effexor XR 37.5 mg capsules 1 daily. The documentation indicated the injured worker had failed several short-term prescriptions of Vicodin by her dentist. The injured worker indicated pain was slowly improving and she continued to have elbow pain that was unchanged. This was per the CURES report. The treatment plan included Neurontin 400 mg capsules 1 four times a day, Oxycodone Hydrochloride 15 mg 1 five times a day and Skelaxin 800 mg. Her diagnoses were noted to include carpal tunnel syndrome, elbow pain, reflex sympathetic dystrophy upper limb, and wrist pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

OXYCODONE HCL 15 MILLIGRAMS #150 FIVE TIMES PER DAY AS NEEDED:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS CRITERIA FOR USE Page(s): 76-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain, ongoing management Page(s): 60,78.

Decision rationale: The California MTUS Guidelines recommend opiates for the treatment of chronic pain. There should be documentation of objective functional improvement and an objective decrease in pain. There should be documentation the injured worker is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review indicated the injured worker was being monitored for aberrant drug behavior and side effects. There was a lack of documentation indicating objective functional benefit and an objective decrease in pain. Given the above, the request for oxycodone HCL 15 milligrams #150 five times per day as needed is not medically necessary.

SKELAXIN 800 MG TABLETS THREE TIMES A DAY #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXANTS (FOR PAIN) Page(s): 63-66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

Decision rationale: The California MTUS guidelines recommend muscle relaxants as a second line option for the short term treatment of acute low back pain and their use is recommended for less than 3 weeks. There should be documentation of objective functional improvement. The clinical documentation failed to indicate the duration of use. There was a lack of documentation indicating the injured worker had objective findings of spasms. There was a lack of documentation of a necessity for 90 tablets as it is indicated for usage of less than 3 weeks. Given the above, the request for Skelaxin 800 mg tablets three times a day #90 is not medically necessary.