

Case Number:	CM13-0041481		
Date Assigned:	01/15/2014	Date of Injury:	04/25/1996
Decision Date:	03/25/2014	UR Denial Date:	09/23/2013
Priority:	Standard	Application Received:	10/11/2013

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 Physical Medicine and Rehabilitation, 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 56-year-old female who reported an injury on 04/25/1996. The mechanism of injury was not provided for review. The patient ultimately underwent bilateral carpal tunnel release and bilateral trigger finger release and developed complex regional pain syndrome. The patient's treatment history included spinal cord stimulator implantation and removal, chronic opioid usage, and psychiatric support. The patient's most recent clinical documentation noted that the patient had 9/10 pain and that the patient was monitored for aberrant behavior with urine drug screens. The patient's physical findings included weakness in the bilateral upper extremities rated at a 4/5 with tenderness in the intercostal space bilaterally. The patient's diagnoses included trigger finger, carpal tunnel syndrome, reflex sympathetic dystrophy of the upper limb, myalgia and myositis, fibromyalgia, and opioid dependence. The patient's treatment plan included continuation of medications, participation in a self-managed weight loss program, discontinuation of smoking, and continuation of psychiatric support.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #84 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management.

Decision rationale: The requested Prescription of Norco 10/325mg #84 with 3 refills is not medically necessary or appropriate. The clinical documentation submitted for review does indicate that the patient had a consistent drug screen in 06/2012. The California Medical Treatment and Utilization Schedule recommends the continued use of opioids in the management of a patient's chronic pain be supported by documentation of a quantitative assessment of pain relief, functional improvement, managed side effects, and documentation that the patient is monitored for aberrant behavior. The clinical documentation submitted for review does indicate that the patient is monitored for aberrant behavior. However, the clinical documentation fails to provide any evidence that the patient receives significant pain relief from medication usage as the patient's pain is consistently documented as 8/10 to 9/10. There is no evaluation of the patient's pain while taking medications. Therefore, the efficacy of these medications cannot be determined. Additionally, the requested 3 refills does not allow for timely re-assessment and re-evaluation. As such, the requested Prescription of Norco 10/325mg #84 with 3 refills is not medically necessary or appropriate.

Oxycontin 40mg #84 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Management Page(s): 78.

Decision rationale: The requested Prescription of Oxycontin 40mg #84 with 3 refills is not medically necessary or appropriate. The clinical documentation submitted for review does indicate that the patient had a consistent drug screen in 06/2012. The California Medical Treatment and Utilization Schedule recommends the continued use of opioids in the management of a patient's chronic pain be supported by documentation of a quantitative assessment of pain relief, functional improvement, managed side effects, and documentation that the patient is monitored for aberrant behavior. The clinical documentation submitted for review does indicate that the patient is monitored for aberrant behavior. However, the clinical documentation fails to provide any evidence that the patient receives significant pain relief from medication usage as the patient's pain is consistently documented as 8/10 to 9/10. There is no evaluation of the patient's pain while taking medications. Therefore, the efficacy of these medications cannot be determined. Additionally, the requested 3 refills does not allow for timely re-assessment and re-evaluation. As such, the requested Prescription of Oxycontin 40mg #84 with 3 refills is not medically necessary or appropriate.