

Case Number:	CM13-0051547		
Date Assigned:	12/27/2013	Date of Injury:	01/07/2007
Decision Date:	06/19/2014	UR Denial Date:	10/17/2013
Priority:	Standard	Application Received:	11/14/2013

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 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 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 56-year-old male who has submitted a claim for complex regional pain syndrome associated with an industrial injury date of January 7, 2007. Medical records from 2012 to 2013 were reviewed. The patient complained of persistent right hand and wrist pain aggravated by any movement. Physical examination of the right wrist and hand showed flexion contractures on the small and ring digits, tenderness on the dorsal aspect, radial aspect, and 1st dorsal compartment of the wrist, and restricted ROM on both active and passive range. Treatment to date has included NSAIDs, opioids, muscle relaxants, DME, steroids, topical analgesics, physical therapy, pain management treatment programs, and surgeries. Utilization review from October 17, 2013 conditionally not medically necessary the request for Oxycontin 20MG pending the progress notes from October 3, 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

OXYCONTIN 20MG BETWEEN 10/3/2013 AND 11/21/2013: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines 9792.24.2 Page(s): 78.

Decision rationale: As stated on page 78 of the CA MTUS Chronic Pain Medical Treatment Guidelines, four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potential aberrant (or non-adherent) drug-related behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, the patient has been on Oxycontin since January 2013. The medical records reviewed contained few information regarding Oxycontin. Recent progress notes reported that the patient does not take Oxycontin on a daily basis, only for severe pain episodes. However, there were no reports of significant pain relief. In addition, the medical records revealed that pain levels and limitation of function are unchanged. Progress notes from January 8, 2013 revealed episodes of dizziness and decreased alertness for up to 20 hours after Oxycontin intake. Patient is doing office duties and is not using his right hand or wrist at all. The current request did not indicate the duration of treatment and the total number of medications to be dispensed. Therefore, the request for Oxycontin 20MG, between 10/3/13 and 11/21/13 is not medically necessary.