

Case Number:	CM13-0061330		
Date Assigned:	12/30/2013	Date of Injury:	03/06/2012
Decision Date:	04/14/2014	UR Denial Date:	11/26/2013
Priority:	Standard	Application Received:	12/04/2013

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 Pain Medicine, has a subspecialty in Pain Management 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 40-year-old female who reported an injury on 03/06/2012. The patient was reportedly injured secondary to repetitive work duties. The patient is diagnosed with right upper extremity complex regional pain syndrome and carpal tunnel syndrome. The patient was seen by [REDACTED] on 11/19/2013. The patient reported 8/10 right upper extremity pain. Physical examination was not provided on that date. Treatment recommendations included continuation of current medication including Duragesic and oxycodone.

IMR ISSUES, DECISIONS AND RATIONALES

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

OXYCODONE 15MG, QUANTITY 240: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

Decision rationale: California MTUS Guidelines state a therapeutic trial of Opioid should not be employed until the patient has failed a trial of non Opioid analgesics. Baseline pain and functional assessments should be made. Ongoing review and documentation of pain relief,

functional status, appropriate medication use, and side effects should occur. As per the documentation submitted, the patient has continuously utilized this medication. Despite ongoing use, the patient continues to report persistent pain. Satisfactory response to treatment has not been indicated by an increase in function or improved quality of life. Therefore, ongoing use cannot be determined as medically appropriate. As such, the request is non-certified.

DURAGESIC 50MCG QUANTITY 15: 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): 44 and 74-82.

Decision rationale: California MTUS Guidelines state a therapeutic trial of Opioid should not be employed until the patient has failed a trial of non Opioid analgesics. Baseline pain and functional assessments should be made. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. As per the documentation submitted, the patient has continuously utilized this medication. Despite ongoing use, the patient continues to report persistent pain. Satisfactory response to treatment has not been indicated by an increase in function or improved quality of life. Therefore, ongoing use cannot be determined as medically appropriate. As such, the request is non-certified.