

Case Number:	CM13-0064969		
Date Assigned:	01/03/2014	Date of Injury:	02/12/2003
Decision Date:	08/01/2014	UR Denial Date:	11/15/2013
Priority:	Standard	Application Received:	12/12/2013

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 Family 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 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 33 year old male who sustained a work related injury on 2/12/03 involving the right arm. He had a diagnosis of Panner's syndrome of the right arm and underwent several surgeries. A progress note on 10/31/13 indicated the claimant had continued 9/10 elbow pan and reduced to 7/10 while on Oxycontin and Oxycodone. He had sleep issues which were not present previously and now only get 4 hours sleep at night. Physical findings included reduced range of motion of the right elbow. He was given a prescription for Oxycontin 80 mg # 180, Oxycodone 30mg # 80, Xanax 1 mg #120 for anxiety and Lunesta for sleep. An examination on 4/23/14 indicated the claimant had similar physical findings and pain symptoms. The same dose of Oxycontin, Oxycodone and Xanax were continued as had been since at least 1 year.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prescription of Oxycontin 80mg #120 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Continuation Of Opioid Therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 82-92.

Decision rationale: According to the California MTUS guidelines, opioids should not exceed the dose equivalent of 120 mg of morphine. In addition, the claimant had been on long-term Oxycontin without reevaluation of tolerance, addiction or consistent documentation in a pain agreement. The claimant had been on nearly 480 mg equivalent of morphine per day. Continued use is not medically necessary.

Prescription of Oxycodone 30mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Continuation of Opioid Therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 82-92.

Decision rationale: The claimant had been prescribed the 180 mg of Oxycodone per day which is equivalent to 270 mg of morphine per day. This exceeds the 120 mg per day recommended by the guidelines. In addition, Oxycodone is a short acting opioid used for breakthrough pain. According to the MTUS guidelines are not indicated at 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial bases for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant has been on Oxycodone for over a year with no significant improvement in pain scale. The continued use of Norco is not medically necessary.

Prescription of Xanax 1mg #120 with 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: Xanax is a short acting benzodiazepine. According to the California MTUS guidelines, Xanax is not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. The current response is not well identified to determine the need for continuing Xanax. The claimant has been on Xanax for over a year. Continued use is not medically necessary.