MAXIMUS Federal Services

Case Number:	CM14-0003098		
Date Assigned:	01/31/2014	Date of Injury:	07/26/2007
Decision Date:	06/19/2014	UR Denial Date:	12/19/2013
Priority:	Standard	Application Received:	01/08/2014

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 & Rehabilitation 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 injured worker is a 62 year old male injured on 07/26/07 as a result of an undisclosed mechanism of injury. Current diagnoses include elbow pain, hand pain, and carpal tunnel syndrome. Previous surgical history includes bilateral carpal tunnel release, left wrist flexor tenosynovectomy, left cubital tunnel release/transposition, and bilateral lateral epicondylar debridement with partial ostectomy. Clinical documentation dated 01/08/14 indicates the injured worker presented with complaints of neck pain and bilateral upper extremity pain with no changes in activity level and no current therapy modalities in place. The injured worker reports medications are working well with no side effects reported. The injured worker reports he found pain was less when he was working out on a regular basis and is preparing to start his gym routine again. Physical examination reveals restricted range of motion of bilateral shoulders, tenderness to palpation over the lateral epicondyle of the elbow, and negative Tinel's sign. Examination of the right wrist revealed restricted range of motion with the inability to fully flex his index finger on the right hand. Sensory examination reveals normal touch, pain, and temperature. The documentation indicates the injured worker's pain is decreased and made tolerable with the use of medications and he is able to be functionally more independent with activities of daily living and home chores. With medications, he is able to attend the gym and perform cardiopulmonary workouts. The documentation indicates the injured worker has failed multiple urine drug screens and has been recommended for weaning of high dose narcotic medications without success. Current medications include MS Contin 30mg BID and Oxycodone 15mg TID. The initial request for MS Contin ER 30mg #60 and Oxycodone HCL 15mg #90 was partially certified for MS Contin ER 30mg quantity 30 and Oxycodone HCL 15mg quantity 45 for weaning purposes.

IMR ISSUES, DECISIONS AND RATIONALES

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

MS CONTIN ER 30MG #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, ONGOING MANAGEMENT; OPIOIDS, DOSING, 78, 86

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 79-82.

Decision rationale: As noted on page 79 of the MTUS Chronic Pain Guidelines, patients should discontinue opioid use if there are repeated violations from the medication contract or any other evidence of abuse, addiction, or possible diversion. The clinical documentation indicates the injured worker has had multiple inconsistent routine toxicology results; however, they have gone unaddressed. Additionally, the documentation indicates the patient has been advised to taper narcotic medication use on multiple occassions without compliance. As such, the request for MS Contin ER 30MG #60 cannot be recommended as medically necessary at this time.

OXYCODONE HCL 15MG #90: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, ONGOING MANAGEMENT; OPIOIDS, DOSING, 78, 86

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 79-82.

Decision rationale: As noted on page 79 of the MTUS Chronic Pain Guidelines, patients should discontinue opioid use if there are repeated violations from the medication contract or any other evidence of abuse, addiction, or possible diversion. The clinical documentation indicates the injured worker has had multiple inconsistent routine toxicology results; however, they have gone unaddressed. Additionally, the documentation indicates the patinet has been advised to taper narcotic medication use on multiple occassions without compliance. As such, the request for Oxycodone HCL 15MG #90 cannot be recommended as medically necessary at this time.