

Case Number:	CM14-0100227		
Date Assigned:	07/30/2014	Date of Injury:	12/09/2006
Decision Date:	09/24/2014	UR Denial Date:	06/23/2014
Priority:	Standard	Application Received:	06/30/2014

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 Illinois. 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 who reported an injury on 12/09/2006 due to a motor vehicle accident. The injured worker had a history of right wrist pain. The injured worker had diagnoses of complex regional pain syndrome and closed wrist fracture. No diagnostics available. The past treatments included pain medication and a right dynamic wrist brace. The past surgeries included right wrist surgeries and thoracic sympathectomies. The objective findings dated 04/14/2014 revealed cooperative and in no distress, no overuse of accessory muscles associated of respiration, the injured worker was well nourished and hydrated with moist mucous membranes. The medications included clonazepam 0.5 mg, zolpidem ER 12.5 mg, gabapentin 400 mg, OxyContin 30 mg, and Norco 10/325 mg. The injured worker reported his pain at 9/10 being the best and 10/10 being the worst. The treatment plan included medication. The Request for Authorization dated 03/17/2014 was submitted with documentation. The rationale for the Oxycotin was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 30mg tablet, extended release, take 1 tablet twice a day by mouth #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines(ODG) Pain Chapter, Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: The request for OxyContin 30 mg tablet, extended release, take 1 tablet twice a day by mouth #60 is not medically necessary. The California MTUS guideline recommend oxycodone for controlling chronic pain and this medication is often used for intermittent or breakthrough pain. California MTUS recommend that there should be documentation of the 4 A's for Ongoing Monitoring including analgesia, activities of daily living, adverse side effects and aberrant drug taking behavior. The clinical notes did not provide objective findings. The injured worker rated his pain 9/10, indicating that the tramadol did not have any efficacy. As such, the request is not medically necessary.