

Case Number:	CM14-0015369		
Date Assigned:	02/28/2014	Date of Injury:	10/10/2007
Decision Date:	06/27/2014	UR Denial Date:	01/29/2014
Priority:	Standard	Application Received:	02/06/2014

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 Orthopedic Surgeon 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 52-year-old male who sustained significant crush injury on 10/10/07 to the pelvis, hips, and lower extremities. He experienced chronic pain post-injury for which he was maintained on oral medications. Per clinical note dated 10/18/13 the injured worker was currently using oxycontin 10mg tablets, Lidoderm patches, Cymbalta 60mg, diazepam 10mg, and hydrocodone/acetaminophen 5x500mg. The injured worker had good compliance with his medications with no known negative side effects. He had been on his current regimen for quite some time and reported reasonable control of his symptoms. He participated in a home exercise program. On physical examination, he had mild to moderate discomfort with range of motion testing throughout his bilateral lower extremities and lumbosacral spine and lower thoracic spine. There was significant bilateral paraspinal musculature spasm throughout the lumbosacral spine and to a lesser degree the lower thoracic spine. Active and passive range of motion was somewhat limited throughout. Utilization review determination dated 01/29/14 non-certified the requests for Oxycodone /APAP 5 325 and duloxetine 60mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

50 TABLETS OF OXYCODONE/APAP 5/325 MG: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ON-GOING MANAGEMENT Page(s): 74-96.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates
Page(s): 74-80.

Decision rationale: The request for 50 tablets of Oxycodone/APAP 5/325mg is recommended as medically necessary. Records indicate that the claimant sustained significant crush injuries to the pelvis hips and bilateral lower extremities as result of a workplace event. Records indicate that the claimant is chronically maintained on oral medications, which is consistent with this type diagnosis. The claimant gives or the injured worker gets functional benefit from his current medications profile and there is no evidence of diversion. As such, the request would meet CA MTUS for the continued use of this medication.

90 CAPSULES OF DULOXETINE 60 MG: Overturned

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 Cymbalta
Page(s): 43-44.

Decision rationale: The request for 90 capsules of Duloxetine 60 mg is recommended as medically necessary. Records indicate that the claimant has sustained substantive crush injuries as a result of a workplace event on 10/10/07. Crushing injuries of this nature result in chronic neuropathic pain the records indicate that the claimant received significant benefit from his current medication profile and as such, the continuation of this medication is recommended as medically necessary.