

Case Number:	CM14-0144548		
Date Assigned:	09/12/2014	Date of Injury:	05/06/1997
Decision Date:	11/07/2014	UR Denial Date:	08/28/2014
Priority:	Standard	Application Received:	09/05/2014

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 Family Medicine and is licensed to practice in Arizona. 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:

Patient is a 58 year old female with a date of injury on 5/6/1997. Diagnoses include reflex sympathetic dystrophy of the upper extremity, chronic pain syndrome, and opioid dependence. Subjective complaints are ongoing pain in the bilateral arms, knee, and foot pain. Physical exam shows blood pressure of 114-138/67-74, and tender lumbar paraspinal muscles. Medications include Oxycontin 30mg every 6 hours, Oxycodone IR up to 4 times a day for breakthrough pain, Zofran, Ambien, atenolol, Atarax, medrol, and Voltaren gel, Buspirone, and Nexium. Pain is rated at 9/10 without medication and 8+/10 with medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 30mg 1 Q6 hours #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 74-96.

Decision rationale: The patient in question has been on chronic opioid therapy. CA Chronic Pain Guidelines has specific recommendations for the ongoing management of opioid therapy. Clear evidence should be presented about the degree of analgesia, level of activity of daily

living, adverse side effects, or aberrant drug taking behavior. While ongoing opioids may be needed for this patient, the medical record fails to provide documentation of MTUS opioid compliance guidelines including results of urine drug screens, attempts at weaning, and ongoing efficacy of medication. Furthermore, the records do not demonstrate improvement in function from long-term use. Therefore, the medical necessity of Oxycontin is not established at this time.

Oxycodone 5mg QD to QID prn btp #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 74-96.

Decision rationale: The patient in question has been on chronic opioid therapy. CA Chronic Pain Guidelines has specific recommendations for the ongoing management of opioid therapy. Clear evidence should be presented about the degree of analgesia, level of activity of daily living, adverse side effects, or aberrant drug taking behavior. While ongoing opioids may be needed for this patient, the medical record fails to provide documentation of MTUS opioid compliance guidelines including results of urine drug screens, attempts at weaning, and ongoing efficacy of medication. Furthermore, the records do not demonstrate improvement in function from long-term use. Therefore, the medical necessity of oxycodone is not established at this time.

Atenolol 50mg 1 QD #30 x lit: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: FDA: ATENOLOL www.drugs.com

Decision rationale: CA MTUS and the ODG do not address the use of Atenolol. FDA prescribing information indicates that Atenolol is used to treat angina and hypertension. It is also used to treat or prevent heart attacks. For this patient, diagnoses do not show reference to hypertension, or mention cardiac risk factors or problems. Documented blood pressures do not identify ongoing hypertension, and rationale is not present for the use of an antihypertensive medication. Therefore, the medical necessity for Atenolol is not established at this time.

Buspirone 5mg #60 2rf: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: FDA: BUSPIRONE www.drugs.com

Decision rationale: CA MTUS and the ODG do not specifically address the use of Buspirone. FDA prescribing information indicates that Buspirone is used for the treatment of anxiety. For this patient the submitted documentation does not reference a diagnosis of anxiety or provide objective evidence for a mood disorder. Therefore, the medical necessity for Buspirone is not established at this time.