

Case Number:	CM14-0157442		
Date Assigned:	09/30/2014	Date of Injury:	05/10/2011
Decision Date:	10/28/2014	UR Denial Date:	09/04/2014
Priority:	Standard	Application Received:	09/25/2014

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 and Rehabilitation, has a subspecialty in Pain Management 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:

This is a male patient with the date of injury of May 10, 2011. A Utilization Review was performed on September 4, 2014 and recommended non-certification of orthopedic hand specialist consultation, Percocet 5/325mg #90, and Buspar 30mg #30. A Progress Report dated August 26, 2014 identifies Subjective Complaints of left wrist pain. He rates his pain as 7-8/10 visual analog scale (VAS) without medication usage and 5/10 VAS with medication usage. Objective Findings identify tenderness throughout the left wrist. Range of motion (ROM) is decreased in all fields due to increasing pain with movement. Diagnoses identify left wrist fracture, secondary to fall, and left wrist strain/sprain. Treatment Plan identifies Percocet 5/3235mg, 1 po tid, qty #90, Buspar 30mg 1 po qam, qty #30, and referral for orthopedic consultation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orthopedic hand specialist consultation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental

Medicine (ACOEM), 2nd Edition, (2004) Occupational Medicine Practice Guidelines, Independent Medical Examinations and Consultations Chapter, page 127

Decision rationale: Regarding the request for orthopedic hand specialist consultation, California MTUS does not address this issue. ACOEM supports consultation if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. Within the documentation available for review, the patient has ongoing pain in the left wrist. However, there is no indication that a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. In the absence of such documentation, the currently requested orthopedic hand specialist consultation is not medically necessary.

Percocet 5/325mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 44, 47, 75-79, 120 of 127.

Decision rationale: Regarding the request for Percocet (oxycodone/acetaminophen), California Pain Medical Treatment Guidelines state that Percocet is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the medication is improving the patient's function or pain (in terms of specific examples of functional improvement and percent reduction in pain or reduced NRS), no documentation regarding side effects, and no discussion regarding aberrant use. As such, there is no clear indication for ongoing use of the medication. In light of the above issues, the currently requested Percocet (oxycodone/acetaminophen) is not medically necessary.

Buspar 30mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Anxiety medications in chronic pain

Decision rationale: Regarding the request for Buspar (Buspirone), California MTUS and ACOEM do not contain criteria for the use of Buspirone. ODG states many antidepressants, in particular the Selective Serotonin Reuptake Inhibitors (SSRIs), are considered first-line agents in the treatment of most forms of anxiety. Other drug classes used to treat anxiety are antihistamines (e.g. hydroxyzine), 5HT1 agonist (e.g. buspirone), and some anti-epilepsy drugs.

Within the documentation available for review, there is no indication that the patient cannot be treated or has failed treatment with first-line agents such as antidepressants. In the absence of such documentation, the currently requested Bupropion is not medically necessary.