

Case Number:	CM14-0042603		
Date Assigned:	06/30/2014	Date of Injury:	09/12/2007
Decision Date:	08/19/2014	UR Denial Date:	03/28/2014
Priority:	Standard	Application Received:	04/09/2014

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 Anesthesiology, has a subspecialty in Pain Medicine 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:

The injured worker is a 52 year old male who sustained an injury on 09/12/07 while lifting a heavy drill. The injured worker had been followed for complaints of chronic neck pain radiating to the right upper extremity. The injured worker had been followed by pain management and was being prescribed Fentanyl transdermal patches at 100mcg/hour for baseline pain control and Percocet 10/325mg every three hours for breakthrough pain. The injured worker had inconsistent urine drug screen finding from 10/13 where there were positive findings for alcohol and negative findings for Fentanyl. Clinical record from 03/12/14 discussed the inconsistent finding with the injured worker. The injured worker indicated that he had run out of Fentanyl patches when the urine drug screen sample was obtained. Urine drug screen samples were obtained at this visit were obtained at the 03/28/14 visit. The injured worker was working full time and was active. The injured worker indicated that narcotic medications mitigated his symptoms to the point where he was able to work full time. Follow up on 04/09/14 noted inconsistent urine drug screen findings again as there was positive results for Norco and methadone. The injured worker was instructed that narcotic medications would be withheld due to violation of pain contract. The requested Oxycodone 10/325mg #40 with for 30 day supply was denied by utilization review on 03/28/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone/APAP 10/325MG #240, 30 day supply: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-49, Chronic Pain Treatment Guidelines Opioids Page(s): 78-81, 86-87. Decision based on Non-MTUS Citation Non-MTUS ACOEM Practice Guidelines, Chapter 6: Pain, Suffering, Restoration of Function, page 115.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use Page(s): 88-89.

Decision rationale: Narcotic medications were withheld from the injured worker due to violation of pain management clinic narcotics contract. However this medication could not be abruptly discontinued for the injured worker given its long term use and the high amount of narcotics being prescribed to the injured worker. The injured worker was prescribed an additional 30 days of Percocet in order to avoid weaning in order to avoid withdrawal symptoms. This would have been considered standard of care medically necessary. Therefore the request is medically necessary.