

Case Number:	CM14-0045594		
Date Assigned:	07/02/2014	Date of Injury:	03/04/2006
Decision Date:	08/29/2014	UR Denial Date:	03/10/2014
Priority:	Standard	Application Received:	04/14/2014

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 Medicine and is licensed to practice in Texas and Oklahoma. 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 49-year-old male who reported an injury on 03/04/2006. The mechanism of injury was not stated. Current diagnoses include wrist pain, extremity pain, and mood disorder. The injured worker was evaluated on 05/12/2014 with complaints of persistent pain and poor sleep quality. The current medication regimen includes Flector 1.3% patch, Doxepin 10 mg, Nucynta 75 mg, oxycontin 20mg, and omeprazole 20 mg. Physical examination on that date revealed limited left wrist range of motion with ulnar nerve pain; negative Tinel's and Phalen's testing; tenderness to palpation over the anatomical snuff box; pain with lateral movement; swelling over the proximal interphalangeal joint of the index finger, middle finger, and ring finger; limited grip strength; and intact sensation. Treatment recommendations included continuation of the current medication regimen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 20mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Oxycontin (R) (oxycodone); When to Continue Opioids. Decision based on Non-MTUS Citation Product information, Purdue Pharma.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-82.

Decision rationale: California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of nonopioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. The injured worker has utilized this medication since 08/2013. There is no documentation of objective functional improvement. There is also no frequency listed in the current request. As such, the request is non-certified.

Nucynta 50mg, #120: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Tapentadol (Nucynta).

Decision rationale: Official Disability Guidelines recommend Nucynta as a second line therapy for patients who develop intolerable adverse effects with first line opioids. The injured worker does not meet criteria for the requested medication as there is no evidence of intolerable adverse effects with first line opioids. The injured worker has also utilized this medication since 10/2013 without any evidence of objective functional improvement. As such, the request is non-certified.

Doxepin 10mg, #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic): Antidepressants for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13-16.

Decision rationale: California MTUS Guidelines state antidepressants are recommended for neuropathic pain and as a possibility for non-neuropathic pain. The injured worker has utilized this medication since 10/2013 without any evidence of objective functional improvement. Additionally, there is no frequency listed in the current request. As such, the request is non-certified.

Flector 1.3% patches, #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical NSAIDs. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic): Flector patch.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: California MTUS Guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The injured worker has utilized this medication since 10/2013 without any evidence of objective functional improvement. There is also no frequency listed in the current request. As such, the request is non-certified.

Tegaderm 3.5" x 4.125" dressings, #90: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the Tegaderm patch was requested to aid in adherence of the Flector patch to the skin and the injured worker's prescription for Flector 1.3% patch has not been authorized, the current request for Tegaderm dressings is also not medically necessary. Therefore, the request is non-certified.