

Case Number:	CM14-0048835		
Date Assigned:	06/25/2014	Date of Injury:	10/20/2003
Decision Date:	07/23/2014	UR Denial Date:	02/28/2014
Priority:	Standard	Application Received:	03/27/2014

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 Utah. 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 patient is a 57 year-old female. The patient's date of injury is not stated in the documents. The mechanism of injury is not stated, but said to be related to cumulative injury/trauma. The patient has been diagnosed with Tendinitis, bilateral carpal tunnel syndrome, Status post left and right carpal tunnel release surgery, elbow tendonitis, with bilateral cubital tunnel syndrome, cervical strain, bilateral shoulder strain, cervicogenic headaches, GERD, depression and insomnia. The patient's treatments have included TENS unit, psychological evaluations, imaging studies and medications. The physical exam findings, dated May 19, 2014 shows para-cervical muscle in moderate spasm, mostly on the left side. There was a positive Spurling's Sign noted on the left side, which was reported to cause left scapular pain. On shoulder exam a healed surgical scar was noted. There was tenderness noted bilaterally on palpation of the shoulder, left greater than right. Her elbow exam showed moderate tenderness of the medial and lateral elbow. A tinel's sign was reported as positive on the right and negative on the left. Her wrist exam showed healed scar, and no visible triggering was noted, but some tenderness over the third and fourth joints of the finger. The patient's medications have included, but are not limited to, Tramadol, Oxycontin, Neurontin, Omeprazole, Trazodone, Effexor, Mentherm cream. The request is for Oxycontin 20mg. It is unclear when this patient was started on Oxycontin. Documentation of Dec 17, 2013 states that with pain medications the pain level is 4/10 and without it is 9/10. It states the opioid medication does allow her to do activities of daily living. She denies any aberrant behavior. The opioid is only prescribed at this provider's office, and she does not require early refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

OXYCONTIN 20MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 75-79.

Decision rationale: MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for OxyContin. The clinical documents state that the patient's pain was improved with the medication. Documentation of Dec 17, 2013 states that with pain medications the pain level is 4/10 and without it is 9/10. It states the opioid medication does allow her to do activities of daily living. She denies any aberrant behavior. The opioid is only prescribed at this provider's office, and she does not require early refills. The patient is a long-term user of this medication, and patient has been approved in the past for this medication. However, the request as is, is incomplete. There is no direction on when to take this medication, how long, or the quantity requested. According to the clinical documentation provided and current MTUS guidelines; OxyContin, requested as is, with no instruction, is not indicated as a medical necessity to the patient at this time.