

Case Number:	CM14-0056739		
Date Assigned:	07/09/2014	Date of Injury:	01/10/2007
Decision Date:	09/05/2014	UR Denial Date:	03/29/2014
Priority:	Standard	Application Received:	04/28/2014

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 & Rehabilitation and is licensed to practice in Nevada. 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 47 year old male who was reportedly injured on January 10, 2007. The mechanism of injury is not listed in these records reviewed. The most recent progress note dated April 23, 2014, indicates that there are ongoing complaints of neck pain and left hand pain. The physical examination demonstrated weakness with left-sided grip strength and tenderness on the tip of the finger although it is not stated which one. Diagnostic nerve conduction studies indicate cubital tunnel syndrome bilaterally. Previous treatment includes splinting and ulnar nerve protection. A request was made for Percocet, OxyContin, and trazodone and was not certified in the pre-authorization process on March 29, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prospective request for 1 prescription of Percocet 10/325 mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26. MTUS (Effective July 18, 2009) Page(s): 74, 78, 93 of 127.

Decision rationale: The California Medical Treatment Utilization Schedule supports short-acting opiates for the short-term management of moderate to severe breakthrough pain.

Management of opiate medications should include the lowest possible dose to improve pain and function, as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The injured employee has chronic pain; however, there is no clinical documentation of improvement in their pain or function with the current regimen. As such, this request for Percocet is not medically necessary.

Prospective request for 1 prescription of Oxycontin 30mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Oxycontin (oxycodone).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26. MTUS (Effective July 18, 2009) Page(s): 74, 78, 93 of 127.

Decision rationale: The California Medical Treatment Utilization Schedule guidelines support long-acting opiates in the management of chronic pain when continuous around-the-clock analgesia is needed for an extended period of time. Management of opiate medications should include the lowest possible dose to improve pain and function, as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The injured employee chronic pain; however, there is no documentation of improvement in their pain level or function with the current treatment regimen. In the absence of subjective or objective clinical data, this request for OxyContin is not medically necessary.

Prospective request for 1 prescription of Trazadone 50 mg #60: 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 Official Disability Guidelines (ODG), Mental Illness and Stress, Trazodone, Updated June 12, 2014.

Decision rationale: According to the Official Disability Guidelines trazodone is recommended as an optional treatment for insomnia only for patients with potentially coexisting mild psychiatric symptoms such as depression or anxiety. The medical record does not indicate there is a diagnosis of depression or anxiety. Therefore this request for trazodone is not medically necessary.