

Case Number:	CM14-0059621		
Date Assigned:	07/09/2014	Date of Injury:	04/11/1990
Decision Date:	09/08/2014	UR Denial Date:	04/15/2014
Priority:	Standard	Application Received:	04/30/2014

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 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 records presented for review indicate that this 60-year-old gentleman was reportedly injured on April 11, 1990. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated April 10, 2014, indicates that there are ongoing complaints of left hand reflex sympathetic dystrophy. Current medications were stated to decrease pain to a manageable level of 4- 5/10. Pain medications were stated to help the injured employee participate in activities of daily living. The physical examination of the left wrist demonstrated allodynia and pale shiny skin. Diagnostic imaging studies were not reviewed during this visit. Previous treatment is unknown. A request had been made for OxyContin 40 mg and was not certified in the pre-authorization process on April 15, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 40mg #180 with 2 refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, When to continue Opioids.

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.

Decision rationale: The California MTUS 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. According to the attached medical record the injured employee is diagnosed with RSD of the left wrist and usage of OxyContin is stated to help reduce pain levels and improve the ability to participate in activities of daily living. Considering this, the request for OxyContin 40 mg is medically necessary.