

Case Number:	CM14-0059856		
Date Assigned:	07/09/2014	Date of Injury:	03/20/2007
Decision Date:	08/28/2014	UR Denial Date:	04/28/2014
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 Occupational 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:

Patient is a 31 year-old female with date of injury 03/20/2007. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 05/19/2014, lists subjective complaints as pain in the bilateral hands and upper extremities. Objective findings: Examination of the bilateral hands and upper extremities revealed full strength, but decreased sensation throughout the left hand with positive Tinel's over the left cubital tunnel and bilateral carpal tunnels. Negative Spurling's maneuver bilaterally. Diagnosis: 1) chronic pain 2) Severe reactive depression. 3) Bilateral carpal tunnel release 4) Revision right wrist scar 5) Status post bilateral ulnar nerve transposition 6) Status post bilateral extensor tendon repair 7) Status post left hand flexor contracture release 8) Left hand trigger finger release 9) Chronic opiate use 10) Tobacco use. The medical records provided for review document that the patient has been taking the following medication prescription for at least as far back as 6 months, Oxycontin tab 20mg, #30, every four to six hours as needed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin Tab 20mg #30 with 60 Refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 74-94.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. Despite the long-term use of narcotics, the patient has reported very little, if any, functional improvement or pain relief over the course of the last year. Therefore, the request for Oxycontin Tab 20mg #30 with 60 Refills is not medically necessary and appropriate.