

Case Number:	CM14-0066977		
Date Assigned:	07/11/2014	Date of Injury:	07/30/1992
Decision Date:	09/29/2014	UR Denial Date:	04/18/2014
Priority:	Standard	Application Received:	05/12/2014

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 65 year old female who reported an injury on 07/30/1992 with unknown mechanism of injury. The injured worker was diagnosed with wrist joint pain, hand joint pain, causalgia upper limb, and reflex sympathetic dystrophy upper limb. The injured worker was treated with medications and a TENS unit. The injured worker's medical records did not provide any pertinent diagnostic studies. The injured worker underwent carpal tunnel release surgery bilaterally in 1993. The clinical note dated 04/03/2014 noted the injured worker complained of pain rated 3-7/10 with her medications and 7/10 pain during flare-ups. The injured worker had tenderness to multiple areas of the hands that appeared to trigger the pain. The injured worker was prescribed oxycodone HCl 20mg twice a day and oxycontin ER 12 hour 20mg three times a day on the progress report dated 04/03/2014. The treatment plan was for oxycontin extended release 20mg 12 hour tab, one tablet three times per day #90 for bilateral wrists. The request for authorization was submitted for review on 04/10/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin extended release 20mg 12 hour tab, one tablet three time per day #90 for bilateral wrists: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use of opioids Page(s): 74-96, 1-127.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid, criteria for use Page(s): 78.

Decision rationale: The request for Oxycontin extended release 20mg 12 hour tab, one tablet three time per day #90 for bilateral wrists is not medically necessary. The injured worker complains of pain rating 3-7/10 with her medications and 7/10 during flare-ups. The injured worker has tenderness to multiple areas of the hands that appears to trigger the pain. The California MTUS guidelines recommend ongoing review of medications with documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines also recommend the medications be no more than 120 mg morphine equivalence per day. The injured worker's medical records lack the documentation of the least reported pain over the period since last assessment, the intensity of pain after taking the opioid, how long it takes for pain relief, and how long pain relief lasts. There is a lack of documentation that indicates the injured worker's decreased functional status. There is a lack of documentation indicating the injured worker has significant objective functional improvement with the medication. The injured worker is prescribed oxycodone HCl 20mg twice a day and oxycontin ER 12 hour 20mg three times a day, which equals 150 morphine equivalents. Given the lack of documentation of a complete pain assessment and significant objective functional improvement with the medication, as well as the fact that the injured worker's prescribed medications exceed the daily recommended morphine equivalents, the medication would not be indicated. As such, the request for Oxycontin extended release 20mg 12 hour tab, one tablet three time per day #90 for bilateral wrists is not medically necessary.