MAXIMUS Federal Services

Case Number:	CM14-0196618		
Date Assigned:	12/04/2014	Date of Injury:	09/24/2002
Decision Date:	01/16/2015	UR Denial Date:	11/11/2014
Priority:	Standard	Application Received:	11/24/2014

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:

This 57 year old injured worker (IW) sustained injury to the right wrist on 09/04/2002. The IW was seen at his provider's office on 10/22/2014 for interval pain management evaluation. His complaint was of ongoing right hand pain with poor sensation and numbness extending from the hand to the wrist. The primary diagnosis is persistent right wrist pain. The IW has flexion contracture deformities in the right hand and is status post two reconstructive surgeries for multiple tendon lacerations and median nerve damage The IW has depression secondary to diagnoses of hand pain and wrist contractures. He rates his pain at 7/10 with the use of medications. Current medications are listed as OxyContin 40 mg tablet 1 tablet twice daily. No other medications are listed. Discussion in the medical records states that all medications are from a single provider and are taken as directed with the lowest possible dose prescribed and ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects is done. According to the notes of 08/26/2014, the IW has had routine urine toxicology testing and shows no indications of medication abuse. The IW maintains daily exercises for his hand and reports improved functioning with use of his analgesic medication which allows him to maintain daily functions. After reviewing the physician report dated 10/22/2014, and the request for authorization dated 10/22/2014, the Utilization Review (UR) agency non certified the request for 1 OxyContin 40 mg tablet two times a day (plus one postdated prescription), quantity:60 for the right wrist pain as an outpatient between 11/05/2014 and 01/04/2015. A UR determination letter was issued on 11/11/2014. References cited were CA-MTUS (California Medical Treatment Utilization Schedule) Forearm, Wrist and Hand Complaints American College of Occupational and Environmental Medicine (ACOEM practice guidelines Chapter 11). In the review it was noted that current evidence based guidelines

supports the use of opioid medication doses up to 100 morphine equivalent dosages (MED) daily in the treatment of chronic non- malignant pain, and the MED for this IW is 120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 40 mg tablet SIG: 1 tablet by mouth two times a day (plus one post dated prescription), quantity: 60: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Goodman and Gilman's The Pharmacological Basis of Therapeutics, 12th ed. McGraw Hill, 2010.; Physician's Desk Reference, 68th ed.; www.RxList.com; ODG Workers Compensation Drug Formulary, www.odg-twc.com/odgtwc/formulary.htm; drugs.com; Epocrates Online, www.online.epocrates.com; Monthly Prescribing Reference, www.empr.com; Opioid Dose Calculator - AMDD Agency Medical Directors' Group Dose Calculator, www.agencymeddirectors.wa.gov

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic) and Pain, Opioids

Decision rationale: Oxycodone is the generic version of Oxycotin, which is a pure opioid agonist. ODG does not recommend the use of opioids for hand and wrist pain "except for severe cases, not to exceed 2 weeks." The patient has exceeded the 2 week recommended treatment length for opioid usage. MTUS does not discourage use of opioids past 2 weeks, but does state that "ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." The treating physician does not fully document the least reported pain over the period since last assessment, intensity of pain after taking opioid, pain relief, increased level of function, or improved quality of life. As such the request Oxycontin 40 mg tablet SIG: 1 tablet by mouth two times a day (plus one post dated prescription), quantity: 60 is not medically necessary.