

Case Number:	CM15-0187241		
Date Assigned:	09/29/2015	Date of Injury:	06/14/2005
Decision Date:	11/18/2015	UR Denial Date:	08/24/2015
Priority:	Standard	Application Received:	09/23/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Pennsylvania, Ohio, California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 35 year old female, who sustained an industrial injury on 06-14-2005. She has reported subsequent right upper extremity pain and was diagnosed with repetitive stress injury resulting in cumulative trauma, cervicgia with radiculopathy, myofascial syndrome, medial and lateral epicondylitis, right carpal tunnel syndrome, bilateral biceps tendonitis and complex regional pain syndrome in the right upper extremity. Treatment to date has included pain medication which was noted to provide some pain relief. The only medical documentation submitted consists of a physician's progress note dated 08-10-2015. During the 08-10-2015 office visit, the injured worker reported 7-8 out of 10 right upper extremity pain. The physician noted that the injured worker was unable to afford or get covered neuropathic pain medications such as Lyrica, Cymbalta and Clonidine which were used in the past to control neuropathic pain. The physician indicated that the injured worker's condition was unchanged over the months with higher pain levels, which tended to reduce her functional status and activities of daily living. Objective examination findings revealed blood pressure of 92 over 56 with pulse of 47, dysesthesias, allodynia and hyperesthesia in the right upper extremity, motor weakness in the right upper extremity, sensory deficit to light touch, thermal and vibratory sensation over the C5- C8 dermatomes in the right upper extremity with milder issues in the left upper extremity, spasms through the neck area, multiple tender and trigger point areas in the upper trapezius muscle groups, as well as rhomboids, worse on the right side and sympathetic nervous system issues in the right upper extremity, associated with complex regional pain syndrome including skin temperature and color changes, sweating and hyperalgesia with decreased range of motion

of the right upper extremity. The injured worker's functional status was noted to remain significantly diminished compared to previous baseline. The physician indicated that Oxymorphone had significant pain relieving qualities as did neuropathic pain medications and unfortunately all appropriate treatment was denied which resulted in decreased functional status and activities of daily living. Work status was documented as off work. A request for authorization of Hydromorphone 8 mg quantity 180 and Oxycodone 15 mg quantity 120 was submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydromorphone 8mg quantity 180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

Decision rationale: MTUS discusses in detail the 4 As of opioid management, emphasizing the importance of dose titration vs. functional improvement and documentation of objective, verifiable functional benefit to support an indication for ongoing opioid use. The records in this case do not meet these 4As of opioid management and do not provide a rationale or diagnosis overall, for which ongoing opioid use is supported. Therefore, this request is not medically necessary.

Oxycodone 15mg quantity 120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

Decision rationale: MTUS discusses in detail the 4 As of opioid management, emphasizing the importance of dose titration vs. functional improvement and documentation of objective, verifiable functional benefit to support an indication for ongoing opioid use. The records in this case do not meet these 4As of opioid management and do not provide a rationale or diagnosis overall, for which ongoing opioid use is supported. Therefore, this request is not medically necessary.