

Case Number:	CM15-0020361		
Date Assigned:	02/09/2015	Date of Injury:	04/11/1990
Decision Date:	03/25/2015	UR Denial Date:	01/24/2015
Priority:	Standard	Application Received:	02/03/2015

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: New York

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease

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 61 year old male who sustained a work related injury on April 11, 1990, after suffering injuries in a dynamite explosion. He lost his fifth finger and part of his hand in the explosion. Treatment included pain medications, electrical stimulation, Transcutaneous Electrical Nerve Stimulation (TENS) units, acupuncture, biofeedback, a sympathectomy and twenty operations. Diagnoses included Reflex Sympathetic Dystrophy and a general anxiety disorder. Currently in January, 2015, the injured worker reported ongoing pain of his hand with decreased function and use. On February 9, 2015, a request for one prescription of Oxycontin 40 mg, #180 was modified to one prescription of Oxycontin 40 mg, #135 by Utilization Review, noting the California Chronic Pain Medical Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prescription of Oxycontin 40mg, #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids On-going Management Page(s): 78 - 79.

Decision rationale: The injury was on 04/11/1990. MTUS guidelines for on-going long term opiates require documented efficacy, improved functionality with respect to improved ability to do activities of daily living or work, monitoring for adverse effects and monitoring for drug seeking abnormal behavior. The documentation provided for review does not meet the above criteria. Thus, Oxycontin 40 mg #180 is not medically necessary and the previous modification for weaning purposes is supported.