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| Case Number: | CM14-0118258 | | |
| Date Assigned: | 09/23/2014 | Date of Injury: | 12/09/2006 |
| Decision Date: | 10/27/2014 | UR Denial Date: | 07/24/2014 |
| Priority: | Standard | Application Received: | 07/28/2014 |

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 Pain Medicine and is licensed to practice in Minnesota. 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 62-year-old male who reported injury on 12/09/2006. The mechanism of injury was from a car accident. The injured worker's diagnoses included complex regional pain syndrome and wrist fracture closed. The injured worker's past treatments included medications, surgery, bracing, and home exercise program. The injured worker's surgical history included wrist surgeries of unknown dates. On the clinical note dated 07/08/2014, the injured worker complained of right wrist pain and weakness rated 09/10 at best and 10/10 at worst. The injured worker had on his right wrist a DeRoyal Brace, fingers lacked 50% range of motion, right arm, hand and fingers are sensitive to touch, excoriation of the skin at the ulnar side of the ventral wrist was noted. The injured worker's medications included Norco 10/325 mg 4 times a day, Clonazepam 0.5 mg tablet 3 times a day, Gabapentin 400 mg capsule 3 times a day, and OxyContin 30 mg extended release twice a day. The request was for Norco 10/325 #90 with 3 refills and OxyContin 30 mg #60. The rationale for the request was for pain. The Request for Authorization was submitted on 07/11/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #90 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Opioids

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Management Page(s): 78.

Decision rationale: The request for Norco 10/325mg #90 with 3 refills is not medically necessary. The injured worker is diagnosed with complex regional pain syndrome and wrist fracture that is closed. The injured worker complains of wrist pain rated 9/10. The California MTUS Guidelines recommend an ongoing review of medications with documentation of pain relief, functional status, appropriate medication use and side effects. There is a lack of documentation indicating the injured worker has significant objective functional improvement with the medication. The requesting physician did not provide documentation of an adequate and complete assessment of the injured worker's pain. The documentation did not include a recent urine drug screen or documentation of side effects. Additionally, the request does not indicate the frequency of the medication. As such, the request for Norco 10/325mg #90 with 3 refills is not medically necessary.

Oxycontin 30mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Opioids

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Management Page(s): 78.

Decision rationale: The request for OxyContin 30mg #60 is not medically necessary. The injured worker is diagnosed with complex regional pain syndrome and wrist fracture that is closed. The injured worker complains of wrist pain 9/10. The California MTUS Guidelines recommend an ongoing review of medications with the documentation of pain relief, functional status, appropriate medication use, and side effects. There is a lack of documentation indicating the injured worker has significant objective functional improvement with the medication. The requesting physician did not provide documentation of adequate and complete assessment of the injured worker's pain. The documentation did not include a recent urine drug screen or documentation of side effects. Additionally, the request did not indicate the frequency of the medication. As such, the request for OxyContin 30mg #60 is not medically necessary.