

Case Number:	CM14-0132709		
Date Assigned:	08/22/2014	Date of Injury:	09/10/1996
Decision Date:	10/20/2014	UR Denial Date:	07/16/2014
Priority:	Standard	Application Received:	08/19/2014

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 Neurology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 Progress Report 2 (PR2) from 01/06/14 indicates ongoing complaints of pain being seen for follow-up. The pain was reported to be increased due to weather. The insured reports carpal tunnel of the left hand is bad and has neck and shoulder pain. Physical exam indicated decreased sensation of the right upper extremity with 2+ reflexes bilaterally. The left hand was abraded. The insured was recommended for continued medication management including oxycodone, clonidine. PR2 from 03/07/14 indicated ongoing complaints of pain involving the left hand. There was median nerve numbness with a Tinel's sign. The insured was recommended to continue management with oxycodone, clonidine, Zoloft, and Robaxin. The PR2 of 05/06/14 indicated persistent pain. Reports the pain is 2/10 without meds, it is 6/10 with meds. There was positive Tinel's, positive Hoffmann's in both hands. The insured was recommended for continued medical management. The diagnosis listed as RSD of the right upper extremity with chronic severe pain. PR2 from 06/24/14 indicated persistent pain being treated for major depressive disorder and generalized anxiety disorder. There is an EMG/nerve conduction study from 05/10/14 which indicated a severe left carpal tunnel syndrome with complete sensory block of the wrist with minimal distal viable motor response. There was mild residual median neuropathy and demyelinating ulnar neuropathy at the elbows bilaterally. Note 07/30/14 indicated the insured had severe chronic pain. It indicates the insured had been discontinued from medication and reported withdrawal and became suicidal. The insured is reported to have functional benefit in that she can take care of herself and household when she is on her medication. Physical exam reports marked sensitivity to Tinel's with positive Hoffmann's. She has 3+ reflexes in the upper extremities with an overall assessment of complex regional pain syndrome of bilateral upper extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

Opana IR 10mg #180: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINESPAIN

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation pain, opioids

Decision rationale: The medical records provided for review support the insured has a chronic pain condition of RSD (CRPS) and has functional benefit from taking the medication. Other treatment options have failed according to the information. The use of long acting formulation is recommended for management of persistent pain under ODG guidelines. As such, this request is medically necessary.