

Case Number:	CM14-0138500		
Date Assigned:	09/05/2014	Date of Injury:	08/16/2011
Decision Date:	10/20/2014	UR Denial Date:	08/21/2014
Priority:	Standard	Application Received:	08/27/2014

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 Physical Medicine & Rehabilitation and is licensed to practice in Nevada. 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 records, presented for review, indicate that this 45-year-old gentleman was reportedly injured on August 16, 2011. The mechanism of injury was noted as repetitive work. The most recent progress note, dated August 12, 2014, indicated that there were ongoing complaints of pain at the elbows, wrists, hands, and fingers on the left worse than the right side. Current medications were stated to include OxyContin and oxycodone. OxyContin and oxycodone were stated to decrease the injured employee's pain by 50% and 40% respectively, as well as improve his ability to perform activities of daily living by 50% and 40% respectively. No adverse effects were noted. The physical examination demonstrated hyperalgesia, allodynia, edema, and trophic skin changes of the bilateral wrists and hands. Diagnostic nerve conduction studies of the upper extremities, dated April 30, 2014, indicated a left ulnar neuropathy at the elbow and a mild right neuropathy at the elbow. Previous treatment included bilateral carpal tunnel releases. A request for OxyContin 30 mg and oxycodone 10 mg was not certified in the pre-authorization process on August 21, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 30mg #45 and Oxycodone 10mg #75: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management Page(s): 78-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26; MTUS (Effective July 18, 2009) Page(s): 75, 78, 92, & 97 of 127..

Decision rationale: The California MTUS Guidelines support long-acting and short acting opiates in the management of chronic pain. Management of opiate medications should include the lowest possible dose to improve pain and function, as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The injured employee has chronic pain and these medications were stated to objectively decrease the injured employee's pain and improve his ability to function and perform activities of daily living without any adverse effects. Considering this, the request for OxyContin 30 mg and oxycodone 10 mg is medically necessary.