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| Case Number: | CM15-0113677 | | |
| Date Assigned: | 06/22/2015 | Date of Injury: | 01/02/2014 |
| Decision Date: | 07/21/2015 | UR Denial Date: | 05/21/2015 |
| Priority: | Standard | Application Received: | 06/12/2015 |

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 (IW) is a 29 year old male who sustained an industrial injury on 01/02/2014. The mechanism of injury and initial report are not found in the records reviewed. The injured worker was diagnosed as status post crush injury to the right upper extremity with open reduction internal fixation right radius and ulna; status post ulnar nerve allograft; right ulnar neuropathy with possible complex regional pain syndrome; cervical spine sprain/strain with right neck pain; right shoulder pain with probable posterior labrum tear per MRI; severe right ulnar neuropathy; ulnar nerve nonfunctional per EMG 03/25/2015. Treatment to date has included surgery to the right elbow x3(ORIF and lateral debridement for the right radius and ulna, a second surgery to further clean the wound, and a third surgery with placement of a cadaver nerve for his severely injured ulnar nerve. He has had physical therapy, psychotherapy, and pain management with a pain management specialist. Currently, the injured worker complains of pain in the right upper extremity, shoulder, elbow, and hand. He complains of weakness, color changes and swelling in the right wrist and hand. His pain is a 9/10 without medication, and reduces to a 5/10 with medication. The patient has tenderness to palpation over the right paracervical spinous musculature with no palpable spasms. He has a negative Spurling's. Neuropathic pain is noted in the right upper extremity over the path of the ulnar nerve. Medications include OxyContin, Oxycodone, Gabapentin, Trazodone, Laxacin, and Dendricin lotion. The worker notes a 40-50% improvement in pain and function with his current medication regimen. The Treatment plan is to continue the current medication regimen, and continue to undergo psychotherapy and physical therapy treatments. Requests for authorization

are made for the following :1. Oxycodone IR 5mg #150 2. Oxycontin 10mg #60, 3. Gabapentin 600mg #135 4. Trazodone 100mg # 30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone IR 5mg #150: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80, 92, and 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, p76-80 (2) Opioids, dosing, p86.

Decision rationale: The claimant sustained a work-related injury in January 2014 and continues to be treated for chronic right upper extremity pain including a diagnosis of CRPS. Medications are referenced as decreasing pain from 9/10 to 5/10 with improved activities of daily living, sleep, and quality of life. When seen, there was cervical spine tenderness and right upper extremity allodynia and decreased finger range of motion and strength. The right upper extremity was wrapped in an elastic bandage. OxyContin and Oxycodone was prescribed at a total MED (morphine equivalent dose) of less than 70 mg per day. When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Oxycodone is a short acting opioid often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. There are no identified issues of abuse or addiction and medications are providing pain control with improved activity level and quality of life. The total MED is 120 mg per day consistent with guideline recommendations. The continued prescribing of Oxycodone was medically necessary. (1) Opioids, criteria for use, p76-80; (2) Opioids, dosing, p86

Oxycontin 10mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80, 93-94, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, p76-80 (2) Opioids, dosing, p86.

Decision rationale: The claimant sustained a work-related injury in January 2014 and continues to be treated for chronic right upper extremity pain including a diagnosis of CRPS. Medications are referenced as decreasing pain from 9/10 to 5/10 with improved activities of daily living, sleep, and quality of life. When seen, there was cervical spine tenderness and right upper extremity allodynia and decreased finger range of motion and strength. The right upper extremity was wrapped in an elastic bandage. OxyContin and Oxycodone was prescribed at a total MED (morphine equivalent dose) of less than 70 mg per day. When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. OxyContin is a

sustained release opioid used for treating baseline pain. In this case, it is being prescribed as part of the claimant's ongoing management. There are no identified issues of abuse or addiction and medications are providing pain control with improved activity level and quality of life. The total MED is less than 120 mg per day consistent with guideline recommendations. Continued prescribing was medically necessary.