

Case Number:	CM15-0071622		
Date Assigned:	04/21/2015	Date of Injury:	04/22/1999
Decision Date:	05/20/2015	UR Denial Date:	03/11/2015
Priority:	Standard	Application Received:	04/14/2015

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: Arizona, California

Certification(s)/Specialty: Family Practice

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 54 year old male who sustained an industrial injury on 4/22/99. The injured worker reported symptoms in the neck and back. The injured worker was diagnosed as having chronic pain and depression, right hip pain status post right hip fracture and sacroiliitis, muscle contraction and vascular headaches, closed head injury with organic brain syndrome. Treatments to date have included analgesics, oral pain medication, and a cane. Currently, the injured worker complains of neck and back pain. The plan of care was for medication prescriptions and a follow up appointment at a later date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone 30 mg Qty 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Oxycodone Page(s): 92. Decision based on Non-MTUS Citation Official Disability Guidelines: Criteria for Use of Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 82-92.

Decision rationale: Oxycodone is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Oxycodone for several months in combination with Oxycontin. Combined dose of opioids exceeds the 120 mg of Morphine equivalent recommended by the guidelines. In addition pain scores, weaning, failure of Tricyclics were not noted. Continued use of Oxycodone is not medically necessary.

Dextroamphetamine 15 mg Qty 120: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Diagnosis and MGMT of ADHD - AAFP May 2012 pg 890-896J Head Trauma Rehabil. 2002 Aug;17(4):284-99. Psychostimulant use in the rehabilitation of individuals with traumatic brain injury. Whyte J1, Vaccaro M, Grieb-Neff P, Hart T.

Decision rationale: According to the referenced literature, Amphetamines are approved for ADHD and have mixed result and lack of evidence beyond case studies for traumatic brain injury. In this case, the claimant's injury was over 14 years ago. No study has evaluated remote and chronic use for TBI. The comparative neurological/psychological evaluation to determine continued benefit is not provided. Continued use of Dextroamphetamine is not medically necessary.

Oxycontin 60 mg Qty 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-95.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 82-92.

Decision rationale: Oxycontin is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Oxycontin for several months in combination with Oxycodone. Combined dose of opioids exceeds the 120 mg of Morphine equivalent recommended by the guidelines. In addition pain scores, weaning, failure of Tricyclics were not noted. Continued use of Oxycontin is not medically necessary.