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| Case Number: | CM15-0076613 | | |
| Date Assigned: | 04/28/2015 | Date of Injury: | 09/14/2012 |
| Decision Date: | 05/26/2015 | UR Denial Date: | 03/30/2015 |
| Priority: | Standard | Application Received: | 04/21/2015 |

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: Florida

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 51-year-old male, who sustained an industrial injury on September 14, 2012. He reported amputation injury of the left index finger while using a portable saw to cut copper pipe, with subsequent surgeries due to infection. The injured worker was diagnosed as having phantom limb pain status post-traumatic amputation, possible history of stump neuromas, sympathetically mediated pain and Complex Regional Pain Syndrome (CRPS), and hypogonadism possible related to opiate use. Treatment to date has included physical therapy, multiple hand surgeries, and medication. Currently, the injured worker complains of left hand pain. The Treating Physician's report dated March 19, 2015, noted the injured worker improving slower than expected, rating his pain as a 7/10 on the visual analog scale (VAS). Physical examination was noted to show swelling and pigment versus sudomotor changes with the amputated left digit when compared to the contralateral side. The left hand was noted to be tender to palpation with reduced range of motion (ROM) due to pain, and dysesthesia/allodynia to light touch with an occasional fine tremor. The treatment plan was noted to include a pending stellate ganglion block on the left side on March 24, 2015, and refilled Oxycodone and Oxycontin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 40 mg, ninety count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 110-115.

Decision rationale: In accordance with California MTUS guidelines, narcotics for chronic pain management should be continued if "(a) If the patient has returned to work, (b) If the patient has improved functioning and pain." MTUS guidelines also recommend that narcotic medications only be prescribed for chronic pain when there is evidence of a pain management contract being upheld with proof of frequent urine drug screens. MTUS guidelines also recommend that dosing not exceed 120 mg oral morphine equivalents per day, and for patients taking more than one opioid, the morphine equivalent doses of the different opioids must be added together to determine the cumulative dose. Regarding this patient's case, there is no objective evidence of functional improvement. This patient's combined opiate medications far exceed the 120 mg oral morphine equivalents per day recommendation. Likewise, this request is not considered medically necessary.

Oxycodone 10 mg, ninety count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 110-115.

Decision rationale: In accordance with California MTUS guidelines, narcotics for chronic pain management should be continued if "(a) If the patient has returned to work, (b) If the patient has improved functioning and pain." MTUS guidelines also recommend that narcotic medications only be prescribed for chronic pain when there is evidence of a pain management contract being upheld with proof of frequent urine drug screens. MTUS guidelines also recommend that dosing not exceed 120 mg oral morphine equivalents per day, and for patients taking more than one opioid, the morphine equivalent doses of the different opioids must be added together to determine the cumulative dose. Regarding this patient's case, there is no objective evidence of functional improvement. This patient's combined opiate medications far exceed the 120 mg oral morphine equivalents per day recommendation. Likewise, this request is not considered medically necessary.