

Case Number:	CM15-0095213		
Date Assigned:	05/21/2015	Date of Injury:	09/25/1992
Decision Date:	06/24/2015	UR Denial Date:	04/28/2015
Priority:	Standard	Application Received:	05/18/2015

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: California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 64-year-old female who sustained an industrial injury on 09/25/1992. Diagnoses include recurrence of posttraumatic thoracic outlet syndrome and bilateral carpal tunnel syndrome. Treatment to date has included medications, scalene block, surgery, acupuncture and physical therapy. According to the neurosurgical re-evaluation dated 4/14/15, the IW reported excruciating neck pain, especially in the left side, radiating into the bilateral hands, which was associated with progressive neurological deterioration in the strength of the hands, worse in the left. Pain and numbness in the hands was more intense in the evening, causing sleep difficulties. On examination, muscle strength of finger flexors and intrinsic muscles of the right hand was 3/5 and 3+/5 in the left hand. Grip meter test showed 15 on the right and 5 on the left. There was also some sensory loss, especially in the fourth and fifth fingers bilaterally. Tinel's sign was positive in the region of the brachial plexus and wrists bilaterally. The notes stated previous electromyography/nerve conduction studies (EMG/NCS) were consistent with bilateral carpal tunnel syndrome. A request was made for Oxycontin 20mg, #270 and Dilaudid 4mg, #240.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 20 mg #270: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids, weaning of medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Functional improvement measures Page(s): 78-80/48.

Decision rationale: MTUS Guidelines have very specific standards to justify the long term use and prescribing of opioid medications. These standards include detailed review and documentation of the amount of pain relief from the opioid medication. Detailed documentation of how the medication is used and how long the pain relief lasts. Reasonable documentation of functional benefits as a result of use and a review for aberrant drug related behaviors. These standards are not met with the prescribing of the Oxycontin. There is no quantification of pain relief or review of functional improvements by the prescribing physician. Under these circumstances, the OxyContin 20mg. #270 is not supported by Guidelines and is not medically necessary.

Dilaudid 4 mg #240: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Functional Improvement measures Page(s): 78-80/48.

Decision rationale: MTUS Guidelines have very specific standards to justify the long term use and prescribing of opioid medications. These standards include detailed review and documentation of the amount of pain relief from the opioid medication. Detailed documentation of how the medication is used and how long the pain relief lasts. Reasonable documentation of functional benefits as a result of use and a review for aberrant drug related behaviors. These standards are not met with the prescribing of the Dilaudid. There is no quantification of pain relief or review/evidence of functional improvements by the prescribing physician. Under these circumstances, the Dilaudid 4mg #240 is not supported by Guidelines and is not medically necessary.