

<b>Case Number:</b>	CM13-0027185		
<b>Date Assigned:</b>	11/22/2013	<b>Date of Injury:</b>	12/20/2004
<b>Decision Date:</b>	01/23/2014	<b>UR Denial Date:</b>	09/03/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/20/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Occupational Medicine has and is licensed to practice in California. 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 physician 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 physician reviewer developed the following clinical case summary based on a review of the case file, including all medical records: The applicant is a represented [REDACTED] [REDACTED] employee who has filed a claim for carpal tunnel syndrome reportedly associated with an industrial injury of December 20, 2004. Thus far, the applicant has been treated with the following: Analgesic medications; muscle relaxants; prior right carpal tunnel release surgery; prior left cubital tunnel release surgery; prior left carpal tunnel release surgery and apparent diagnosis of complex regional pain syndrome of bilateral upper extremities; multiple elbow corticosteroid injections; and the apparent imposition of permanent work restrictions. It does not appear that the applicant has returned to work with limitations in place. In a utilization review report of September 5, 2013, the claims administrator denied request for oxycodone, Percocet, and Soma. The applicant's attorney later appealed. A later clinical progress note of October 16, 2013, is notable for comments that the applicant reports a gradual increase in elbow pain. She has positive Tinel and Phalen signs bilaterally with CMC joint tenderness. She was given elbow corticosteroid injections and given two new wrist splints. It is stated that she will continue pain management. Multiple other notes interspersed throughout 2013 are reviewed. These notes simply state that the applicant will continue "pain management." The applicant's response to medications, including the opioids in question, is not clearly detailed. However, on June 27, 2013, it is stated that the applicant is also getting prescriptions from a dentist/oral surgeon following a tooth extraction. The applicant received prescriptions from the said dentist on three separate occasions. She is given OxyContin and oxycodone. On July 23, 2013, it is stated that the applicant is having side effects with oxycodone, is having side effects

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Oxycodone Hydrochloride 20mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines When to continue Opioids Page(s): 78-80.

**Decision rationale:** The Physician Reviewer's decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy are evidence of successful return to work, improved function, and/or reduced pain effected as a result of ongoing opioid usage. In this case, there is no clear evidence that the applicant has returned to work. Rather, she has permanent work restrictions in place. She does not seemingly report any improved function or reduced pain. The fact that she is pursuing corticosteroid injections at various body parts implies that the opioids have not been effective. It is further noted that the applicant's procurement of medications from a dentist imply possible doctor shopping, as suggested on page 78 of the MTUS Chronic Pain Medical Treatment Guidelines. The applicant's prescribing provider has himself suggested that he is uncomfortable prescribing the medications as he believes there may be issues with substance abuse or misuse. For all of these reasons, then, the request is not certified.

**Endocet 325-10mg #150:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines When to continue Opioids Page(s): 78-80.

**Decision rationale:** The applicant appears to be receiving opioid medications from multiple prescribers. The applicant does not appear to have effected any clear improvement in function or reduction in pain scores as a result of opioid usage. Therefore, the request is also non-certified

**Carisoprodol 350mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma ).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma ) Page(s): 29.

**Decision rationale:** As noted on page 29 of the MTUS Chronic Pain Medical Treatment Guidelines, Soma is not recommended for chronic or long-term use purposes, particularly when combined with opioids. In this case, the applicant is using numerous opioids analgesics. Adding

carisoprodol or Soma to the mix is not indicated, particularly since the applicant has not clearly effected functional improvement through prior usage of the same. Therefore, the request is non-certified.