

<b>Case Number:</b>	CM13-0030091		
<b>Date Assigned:</b>	11/27/2013	<b>Date of Injury:</b>	08/16/2011
<b>Decision Date:</b>	01/24/2014	<b>UR Denial Date:</b>	09/23/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/26/2013

### 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 Anesthesiology and Pain Medicine 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 patient is a 45-year-old male who reported injury on 08/16/2011. The mechanism of injury was not provided. The patient's medications were noted to include oxycodone 10/325 and OxyContin 40 mg. The patient was noted to have bilateral hand and wrist skin that had hyperalgesia, allodynia, mild edema, hypesthesia, and trophic changes including skin temperature and color change along with scarring of the right medial epicondyle and the left upper extremity. The patient's diagnoses were noted to include complex regional pain syndrome of the bilateral upper extremities, bilateral elbow pain and wrist pain, and bilateral ulnar and median neuropathy/neuritis. The request was made for OxyContin 40 mg tablets 1 tab 3 times a day, Percocet 10/325 mg 1 tab every 4 hours, and Valium 10 mg 1 tab twice a day.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Oxycontin 40mg tabs 1 tab three times a day (TID): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-81.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 75, 78, 86.

**Decision rationale:** California MTUS guidelines recommend long-acting opioids (Oxycontin) for around the clock pain relief and indicate it is not for PRN use. California MTUS recommend that there should be documentation of the 4 A's for Ongoing Monitoring including analgesia, activities of daily living, adverse side effects and aberrant drug taking behavior. It further recommend that dosing of opioids 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. The clinical documentation submitted for review indicated the additive MED for the oral morphine equivalence added together between the 2 medications OxyContin 40 mg and Percocet 10/325 would be a total of 270 which exceeds the MED recommendations. The clinical documentation submitted for review failed to provide documentation of the "4 A's" for ongoing monitoring. Additionally, it failed to provide exceptional factors to warrant non-adherence to guideline recommendations. Given the above, the request for OxyContin 40 mg tabs 1 tab 3 times a day is not medically necessary.

**Percocet 10/325mg 1 tab every 4 hours:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-81.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 75, 78.

**Decision rationale:** California MTUS guidelines recommend short acting opioids (Percocet) for chronic pain and indicate that for ongoing management there should be documentation of the 4 A's for Ongoing Monitoring including analgesia, activities of daily living, adverse side effects and aberrant drug taking behavior. It further recommend that dosing of opioids 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. The clinical documentation submitted for review indicated the additive MED for the oral morphine equivalence added together between the 2 medications OxyContin 40 mg and Percocet 10/325 would be a total of 270 which exceeds the MED recommendations. The clinical documentation submitted for review failed to provide documentation of the "4 A's" for ongoing monitoring. Additionally, it failed to provide exceptional factors to warrant non-adherence to guideline recommendations. Given the above, the request for Percocet 10/325 mg 1 tab every 4 hours is not medically necessary.

**Valium 10mg-1 tab two times a day (BID):** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

**Decision rationale:** California MTUS guidelines do not recommend Benzodiazepines for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most

guidelines limit use to 4 weeks and the guidelines indicate that chronic benzodiazepines are the treatment of choice in very few conditions. The clinical documentation submitted for review failed to provide the duration of care being requested. The quantity was not provided. Given the above and the lack of documentation indicating the necessity for the medication, the request for Valium 10 mg 1 tab twice a day is not medically necessary.