

<b>Case Number:</b>	CM13-0060451		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	02/11/2004
<b>Decision Date:</b>	07/10/2014	<b>UR Denial Date:</b>	11/19/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/03/2013

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Management, and is licensed to practice in Texas and Oklahoma. 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/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 injured worker is a 67-year-old male who reported an injury on February 11, 2004. The mechanism of injury is a left hand/wrist laceration from a Skil saw. The injured worker had a diagnosis of osteoarthritis of the left hand and lesion of the median nerve. His previous treatments were noted to be physical therapy, psychological therapy, medications, and multiple left hand surgeries. The injured worker was seen for an evaluation and medication refill on October 7, 2013. He reported his pain intensity with medications a 5/10, and without medications a 10/10. The documentation notes that the injured worker's left wrist, hand, and elbow pain assessment remained the same and the treatment plan was for OxyContin 60 mg extended release, Amitiza 24 mcg capsule, and Norco 10/325 mg. There was a Request for Authorization for medical treatment dated November 15, 2013. The provider's rationale for the requested medications in this review was not provided within the documentation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**OXYCONTIN ER 60MG 1 TID #90 P/MONTH:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS FOR CHRONIC PAIN Page(s): 93.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Oxycontin Page(s): 80,86.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines indicate opioids for chronic pain. The guidelines also state that opioids are not recommended as a first line of therapy for osteoarthritis. The guidelines recommend opioids on a trial basis for short term use after there has been evidence of failure of first line medication options such as acetaminophen or NSAIDs (non-steroidal anti-inflammatory drugs) when there is evidence of moderate to severe pain. The documents provided do not indicate failed conservative care. The OxyContin dose for 40 mg extended release tablets 3 times a day is excessive. The guidelines recommend that dosing not exceed 120 mg oral morphine equivalents per day. The request for OxyContin extended release 60 mg one tablet three times per day is the morphine equivalent for 270 mg a day. It is also noted that the OxyContin request is for a refill, thus indicating that the request is not compliant with the guidelines' short term therapy recommendation. The request for Oxycontin ER 60mg, ninety count, is not medically necessary or appropriate.

**AMITIZA 24MCG 1 BID #60 P/MONTH:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Guidelines Opioids for osteoarthritis Page(s): 83,77.

**Decision rationale:** Amitiza is indicated for opioid induced constipation in adults with chronic noncancer pain. The Chronic Pain Medical Treatment Guidelines indicate opioids for osteoarthritis benefits are limited by the frequent side effects of constipation. Guidelines also state prophylactic treatment of constipation should be initiated when initiated opioids. As the OxyContin (opioid) is not certified, the necessity of the Amitiza is not supported. The request for Amitiza 24mcg, sixty count, is not medically necessary or appropriate.

**NORCO 10/325MG 1 EVERY HOUR #120 P/MONTH:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS FOR CHRONIC PAIN.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids drug test Page(s): 91, 78.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines indicate Norco for moderate to severe pain. Hydrocodone has a recommended maximum dose of 60 mg in 24 hours. The dose is limited by the dosage of acetaminophen, which should not exceed 4 g in 24 hours. The injured worker does not have an adequate pain assessment within the documents provided for this request and the request for Norco 10/325 mg 1 every hour #120 a month exceeds the guidelines' maximum recommendations. Also, Guidelines indicate the 4A's should be monitored to include pain relief, functional improvement, side effects and aberrant behavior which were not

adequately addressed in the submitted clinical information to support continued use. The request for Norco 10/325mg, 120 count, is nto medically necessary or appropriate.