

<b>Case Number:</b>	CM13-0066967		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	03/12/2004
<b>Decision Date:</b>	04/01/2014	<b>UR Denial Date:</b>	12/10/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/17/2013

### 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 Management and is licensed to practice in Florida. 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 50-year-old female who reported an injury on 03/12/2004. The mechanism of injury was not specifically stated. The patient is currently diagnosed with complex regional pain syndrome (CRPS) in the right upper extremity and anxiety disorder. The patient was recently seen by [REDACTED] on 12/03/2013. The patient reported a positive response to a right stellate ganglion block. A physical examination revealed decreased motor grip strength bilaterally, and an increase in temperature to the right hand. The treatment recommendations included continuation of current medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Oxycodone 15mg #180 for two (2) weeks:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-82.

**Decision rationale:** The Chronic Pain Guidelines state that a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Baseline pain and functional assessment should be made. Ongoing review and documentation of pain relief,

functional status, appropriate medication use, and side effects should occur. The medical records provided for review indicate that the patient has continuously utilized this medication. Despite ongoing use, the patient continued to report persistent pain. The patient only reported an improvement in symptoms, following a stellate ganglion block. A physical examination only revealed decreased motor grip strength and temperature change to the right upper extremity. A satisfactory response to treatment has not been indicated by a decrease in pain level, increase in function, or improved quality of life. Therefore, the current request cannot be determined as medically appropriate. As such, the request is non-certified.

**Duragesic 75mcg #5 for two (2) weeks: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Duragesic (fentanyl transdermal system), and Opioids Page(s): 44; 74-82.

**Decision rationale:** The Chronic Pain Guidelines state that a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Baseline pain and functional assessment should be made. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. The medical records provided for review indicate that the patient has continuously utilized this medication. Despite ongoing use, the patient continued to report persistent pain. The patient only reported an improvement in symptoms, following a stellate ganglion block. A physical examination only revealed decreased motor grip strength and temperature change to the right upper extremity. A satisfactory response to treatment has not been indicated by a decrease in pain level, increase in function, or improved quality of life. Therefore, the current request cannot be determined as medically appropriate. As such, the request is non-certified.

**Oxycodone 15mg #360 for four (4) weeks: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-82.

**Decision rationale:** The Chronic Pain Guidelines state that a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Baseline pain and functional assessment should be made. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. The medical records provided for review indicate that the patient has continuously utilized this medication. Despite ongoing use, the patient continued to report persistent pain. The patient only reported an improvement in symptoms, following a stellate ganglion block. A physical examination only revealed decreased motor grip strength and temperature change to the right upper extremity. A satisfactory response to treatment has not been indicated by a decrease in pain level, increase in

function, or improved quality of life. Therefore, the current request cannot be determined as medically appropriate. As such, the request is non-certified.

**Duragesic 75mcg #10 for 4 weeks: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Duragesic (fentanyl transdermal system), and Opioids Page(s): 44; 74-82.

**Decision rationale:** The Chronic Pain Guidelines state that a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Baseline pain and functional assessment should be made. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. The medical records provided for review indicate that the patient has continuously utilized this medication. Despite ongoing use, the patient continued to report persistent pain. The patient only reported an improvement in symptoms, following a stellate ganglion block. A physical examination only revealed decreased motor grip strength and temperature change to the right upper extremity. A satisfactory response to treatment has not been indicated by a decrease in pain level, increase in function, or improved quality of life. Therefore, the current request cannot be determined as medically appropriate. As such, the request is non-certified.