

<b>Case Number:</b>	CM14-0003978		
<b>Date Assigned:</b>	02/03/2014	<b>Date of Injury:</b>	09/05/2007
<b>Decision Date:</b>	06/20/2014	<b>UR Denial Date:</b>	12/26/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/10/2014

### 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 Orthopedic Surgery and is licensed to practice in Texas. 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 63 year old male injured on 09/05/07 as a result of continuous trauma while employed as a mechanic/driver/heavy equipment operator. The injured worker reported developing right upper extremity pain, neck pain, and severe headaches. Current diagnoses included impingement syndrome of the right shoulder and right bicipital tendinitis. The injured worker complained of persistent neck pain, popping, clicking, and headaches. The injured worker reported the headaches were quite severe and occurred often. The injured worker also reported pain radiating down the arm with numbness and tingling. Physical examination revealed tenderness along the medial greater than lateral epicondyle and along the cervical spirit paraspinal muscles bilaterally, decreased cervical range of motion in all planes, right shoulder, rotator cuff, biceps tendon weakness against resistance secondary to pain. The injured worker utilized Fioricet, Norco, and mirtazapine for sleep. The injured worker reported with medication his headaches became less often and he had decreased nausea and vomiting. The injured worker was currently utilizing Norco 10/325mg six to eight QD, oxycodone 10mg two QHS, Fioricet, and Trazadone 50mg QHS. The injured worker reported pain medication helped him to be functional and decreased his pain from 8-10/10 to 5-6/10. The injured worker received trigger point injections along the medial epicondyle on 12/19/13 which gave him significant relief per the 01/06/14 clinical note. Sensitivity was decreased allowing palpation of the elbows without pain. The remainder of the 01/16/14 clinical note was not provided for review. The injured worker underwent three surgical interventions for shoulder impingement, bilateral carpal tunnel syndrome, cervical multilevel disc disease, and right elbow epicondylitis. Previous treatments included TENS unit, epidural steroid injections, facet joint injections, physical therapy, trigger point injections, medication management without significant pain relief. The request for oxycodone 10mg #60 was non-certified on 12/26/13.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**OXYCODONE 10 MG #60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, OPIOIDS,

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 77.

**Decision rationale:** As noted on page 77 of the Chronic Pain Medical Treatment Guidelines, patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is no clear documentation regarding the functional benefits or any substantial functional improvement obtained with the continued use of narcotic medications. In addition, no recent opioid risk assessments regarding possible dependence or diversion were available for review. Moreover, the patient is currently utilizing Fioricet and Norco 6-8 tablets per day for pain management. As the clinical documentation provided for review does not support an appropriate evaluation for the continued use of narcotics as well as establish the efficacy of narcotics, the medical necessity of oxycodone 10 mg #60 cannot be established at this time.