

<b>Case Number:</b>	CM14-0105924		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	02/01/2011
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	07/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/09/2014

### 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 Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in California and Washington. 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 53-year-old male who reported an injury on 02/01/2001, reportedly hurt his back while working for the county at a warehousing position. The injured worker's treatment history included computed tomography (CT) scan, psychological evaluation for a spinal cord stimulator trial, magnetic resonance imaging (MRI), psychiatric treatment, and surgeries and medications. The injured worker was evaluated on 06/13/2014 and it was documented the injured worker was doing well status post (S/P) release with decreased pain and sensory return. Physical examination revealed peripheral vascular lower extremity inspection left/right was intact. On musculoskeletal examination, no supination noted, malunion of distal radius on x-ray with shortening and angulation resolved Tinel's, Durkan's, Phalen's, noted mild neuropathy along small finger still present from digits flexion/extension and elbow flexion. Diagnoses included lateral epicondylitis, carpal tunnel syndrome, and trigger finger, complex regional pain syndrome (CRPS), cubital tunnel syndrome, and carpometacarpal (CMC) arthritis, thumb, degenerative. Medications included OxyContin 80 mg, Norco 10/325 mg, and OxyContin 20 mg. The neither the request for authorization or rationale were submitted for this review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Oxycontin 80mg #90:** 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 Opioids (Criteria for Use) Page(s): 78.

**Decision rationale:** The requested medication is not medically necessary. The California Medical Treatment Utilization Schedule (MTUS) guidelines state that the criteria for use for ongoing management of opioids include ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. There was lack of evidence of opioid medication management and average pain, intensity of pain, or longevity of pain relief. The provider failed to submit urine drug screen indicating opioids compliance for the injured worker. There were no conservative measures indicated for the injured worker such as physical therapy or home exercise regimen for the injured worker. There was lack of documentation of long-term functional improvement for the injured worker. In addition, the request does not include the frequency or duration of medication. Given the above, the request for OxyContin 80 mg # 90 is not medically necessary.

**Norco 10/325mg #180:** 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 Opioids (Criteria for Use) Page(s): 78.

**Decision rationale:** The requested medication is not medically necessary. The California Medical Treatment Utilization Schedule (MTUS) guidelines state that criteria for use for the ongoing management of opioids include ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. There was lack of evidence of opioid medication management and average pain, intensity of pain, or longevity of pain relief. The provider failed to submit urine drug screen indicating opioids compliance for the injured worker. There were no conservative measures indicated for the injured worker such as physical therapy or home exercise regimen for the injured worker. There was lack of documentation of long-term functional improvement for the injured worker. In addition, the request does not include the frequency or duration of medication. Given the above, the request for Norco 10/325mg #180 is not medically necessary.

**Oxycontin 20mg #90:** 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 Opioids (Criteria for Use) Page(s): 78.

**Decision rationale:** The requested medication is not medically necessary. The California Medical Treatment Utilization Schedule (MTUS) guidelines state that criteria for use for the ongoing management of opioids include ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. There was lack of evidence of opioid medication management and average pain, intensity of pain, or longevity of pain relief. The provider failed to submit urine drug screen indicating opioids compliance for the injured worker. There were no conservative measures indicated for the injured worker such as physical therapy or home exercise regimen for the injured worker. There was lack of documentation of long-term functional improvement for the injured worker. In addition, the request does not include the frequency or duration of medication. Given the above, the request for OxyContin 20 mg #90 is not medically necessary.