

<b>Case Number:</b>	CM14-0013961		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	07/01/1997
<b>Decision Date:</b>	06/27/2014	<b>UR Denial Date:</b>	01/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/04/2014

### 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 and Rehabilitation and is licensed to practice in Illinois. 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 59-year-old female with a reported date of injury on 07/01/1997. The mechanism of injury was not provided within the documentation available for review. The injured worker complained of bilateral upper and lower extremity pain. According to the clinical note dated 09/04/2013, the injured worker rated her pain at 4/10. According to the clinical note dated 02/26/2014, the injured worker rated her pain at 6/10. The injured worker's shoulder range of motion demonstrated right shoulder flexion to 75 degrees, abduction to 45 degrees, and adduction to 15 degrees. The left shoulder range of motion was restricted with pain. According to the clinical documentation, the injured worker participated in physical therapy of unknown duration. The injured worker's diagnoses included reflex sympathetic dystrophy syndrome of the upper limb, ulnar neuropathy, shoulder pain, and mood disorder. The injured worker's medication regimen included Etodolac, trazodone, venlafaxine, gabapentin, Norco, and OxyContin. The Request for Authorization for Norco 10/325 mg and OxyContin 80 mg was submitted on 01/21/2014. The provider's rationale for the request was not provided within the documentation available for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**NORCO 10/325 MG:** 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, ,

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Opioids, On-going Management Page(s): 78.

**Decision rationale:** According to the California MTUS Guidelines, an opioid use in ongoing management the lowest possible dose should be prescribed to improve pain and function. Documentation should include ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. According to the documentation provided for review, the injured worker has utilized opioids Norco and OxyContin since 2002. There is a lack of documentation regarding the therapeutic benefit with the use of Norco. There was a lack of documentation related to objective clinical findings of decreased functional deficits with the use of Norco. Therefore, the request for Norco 10/325 mg is not medically necessary or appropriate.

**OXYCONTIN 80 MG:** 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, ,

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Opioids, On-going Management Page(s): 78.

**Decision rationale:** According to the California MTUS Guidelines, an opioid use in ongoing management the lowest possible dose should be prescribed to improve pain and function. Documentation should include ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. According to the documentation provided for review, the injured worker has utilized opioids Norco and OxyContin since 2002. There is a lack of documentation regarding the therapeutic benefit with the use of Oxycontin. There was a lack of documentation related to objective clinical findings of decreased functional deficits with the use of Oxycontin. Therefore, the request for OxyContin 80 mg is not medically necessary or appropriate.