

<b>Case Number:</b>	CM14-0017238		
<b>Date Assigned:</b>	04/14/2014	<b>Date of Injury:</b>	04/04/2003
<b>Decision Date:</b>	06/04/2014	<b>UR Denial Date:</b>	01/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/11/2014

### 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 Texas and Ohio. 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 33-year-old male who reported an injury on 04/04/2003 after he was filling a milk cooler with 4 gallon crates of milk and reportedly sustained an injury to his left thumb. The injured worker underwent multiple surgical interventions for the left thumb and developed complex regional pain syndrome. The injured worker's treatment history included sympathetic blocks, physical therapy and medications. The injured worker was evaluated on 08/01/2013. It was documented that the injured worker was monitored for aberrant behavior with urine drug screens that were regularly consistent. The injured worker's medication schedule included OxyContin 20 mg 6 per day and Norco 12 per day. The injured worker also took Valium for muscle spasms twice a week. It was documented that the injured worker was doing well on medications and was on the lowest dosage possible. The injured worker's treatment plan included the continuation of medications. A letter of appeal dated 02/03/2014 requested that a weaning schedule be provided to the injured worker due to the injured worker's emotional instability. It was documented that the injured worker was stable on his medications with a reduction in pain that allowed the injured worker to care for his family and son.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**OXYCONTIN 20MG, #180 WITH 2 REFILLS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines WHEN TO DISCONTINUE OPIOIDS AND WEANING OF MEDICATIONS..

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS: ON-GOING MANAGEMENT, Page(s): 78.

**Decision rationale:** The requested OxyContin 20 mg #180 with 2 refills is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule recommends that the use of opioids in the management of chronic pain be supported by ongoing review and documentation of functional benefit, a quantitative assessment of pain relief, evidence that the injured worker is monitored for aberrant behavior and managed side effects. The clinical documentation submitted for review does indicate that the injured worker has pain relief and functional benefit from medication usage and is monitored for aberrant behavior with urine drug screens. However, the request is for 2 refills. This does not allow for ongoing assessment to support the efficacy of the continued use of this medication. Additionally, the request as it is submitted does not provide a frequency of treatment. Therefore, the appropriateness of the request itself cannot be determined. As such, the request OxyContin 20 mg #180 with 2 refills is not medically necessary or appropriate.

**NORCO 10/325MG:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS: CRITERIA FOR USE, WHEN TO DISCONTINUE OPIOIDS, AND WEANIN.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS: ON-GOING MANAGEMENT, Page(s): 78.

**Decision rationale:** The requested Norco 10/325 mg is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule recommends that the ongoing use of opioids be supported by documentation of functional benefit, a quantitative assessment of pain relief, evidence that the injured worker is monitored for aberrant behavior and managed side effects. The clinical documentation submitted for review does indicate that the injured worker has pain relief, functional benefit and is monitored for aberrant behavior with urine drug screens. However, the request as it is submitted does not clearly identify a quantity or frequency of treatment. Therefore, the appropriateness of the request itself cannot be determined. As such, the requested Norco 10/325 mg is not medically necessary or appropriate.

**VALIUM 10MG, #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines BENZODIAZEPINES, Page(s): 24.

**Decision rationale:** The requested Valium 10 mg #60 is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule does not recommend the long-term use of benzodiazepines due to a high risk of psychological and physiological dependence. The

clinical documentation submitted for review does indicate that the injured worker has been on this medication for an extended duration of time. Therefore, the continued use would not be supported. Also, the request as it is submitted does not clearly identify a frequency of treatment. Therefore, the appropriateness of the request itself cannot be determined. As such, the requested Valium 10 mg #60 is not medically necessary or appropriate.