

<b>Case Number:</b>	CM14-0017594		
<b>Date Assigned:</b>	04/16/2014	<b>Date of Injury:</b>	12/06/2001
<b>Decision Date:</b>	06/30/2014	<b>UR Denial Date:</b>	02/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/12/2014

### 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 Internal Medicine has a subspecialty in Pulmonary Diseases and is licensed to practice in California. 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 60-year-old male who reported an injury on 12/06/2001. The mechanism of injury was not specifically stated. Current diagnoses include elbow pain, extremity pain, hand pain, and wrist pain. The injured worker was evaluated on 01/27/2014. The injured worker reported an increase in pain with poor sleep quality and activity limitation. Current medications include Pristiq 50 mg, OxyContin 80 mg, and Zofran 8 mg. The injured worker was status post right digit 3 trigger point injection in 09/2009, and trigger finger surgery on 10/26/2010. Physical examination revealed swelling and a surgical scar on the left elbow, restricted range of motion, tenderness to palpation over the lateral and medial epicondyle, hyperesthesia of the medial epicondyle, swelling and a surgical scar on the dorsal aspect of the 1st digit on the right, restricted right wrist range of motion, tenderness to palpation over the first dorsal compartment, swelling over the thenar eminence on the right, painful range of motion of the metacarpal phalangeal joint of the thumb on the right, decreased temperature over the hand, and tenderness to palpation of the thenar eminence. Treatment recommendations at that time included continuation of current medication.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PRESCRIPTION OF OXYCONTIN 80MG, #58:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use.

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

**Decision rationale:** California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of nonopioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. The injured worker has utilized OxyContin 80 mg since 03/2013. There is no evidence of objective functional improvement. The injured worker reports 8/10 pain with activity limitation and poor sleep quality. There is also no frequency listed in the current request. Therefore, the request is not medically necessary.

**PRESCRIPTION OF ZOFRAN ODT 8MG, #60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chronic, Antiemetics (for Opioid Nausea).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain Chapter, Ondansetron, Antimemetic

**Decision rationale:** Official Disability Guidelines state Zofran is not recommended for nausea and vomiting secondary to chronic opioid use. Zofran is indicated for nausea and vomiting secondary to chemotherapy and radiation treatment. The injured worker does not meet criteria for the requested medication. Therefore, the request is not medically necessary.

**PRESCRIPTION OF PRISTIQ 50MG, #30 WITH 3 REFILLS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 388,402.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13-16. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness & Stress Chapter, Desvenlafaxine (Pristiq).

**Decision rationale:** California MTUS Guidelines state antidepressants are recommended as a first line option for neuropathic pain, and as a possibility for nonneuropathic pain. Official Disability Guidelines recommend Pristiq for depression and as an option in first line treatment of neuropathic pain if tricyclics are ineffective, poorly tolerated, or contraindicated. As per the documentation submitted, the injured worker has utilized Pristiq 50 mg since 01/2013. There is no documentation of objective functional improvement as a result of the ongoing use of this medication. The injured worker continues to report psychiatric complaints of anxiety and sleep disturbance. There is also no frequency listed in the current request. As such, the request is not medically necessary.