

<b>Case Number:</b>	CM14-0128378		
<b>Date Assigned:</b>	08/15/2014	<b>Date of Injury:</b>	05/04/2004
<b>Decision Date:</b>	10/01/2014	<b>UR Denial Date:</b>	08/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/12/2014

### 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 Physical Medicine and Rehabilitation 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 45-year-old female who sustained an injury on 05/04/04. The patient complained of pain in bilateral arms, neck, and upper back. She also complained of sagging skin on her upper arms, calves, thighs and abdomen because of her weight loss which was found to be industrially caused due to the stress. The patient exercises 5 days a week. Recent treatment included medication management including the use of opioids, dental work, home care, left stellage ganglion block and multidisciplinary care. Despite long term use of opioid medications documentation has failed to demonstrate significant quantified pain reduction or functional improvement. Examination of cervical spine revealed tenderness to palpation with associated myospasms and restricted ROM. There were tenderness to palpation and limited ROM in right shoulder and bilateral upper extremities. Thoracic spine exam showed tenderness to palpation and myospasms. Medications include Oxycodone, Fentanyl, with use of Tegaderm. Diagnoses include complex regional pain syndrome, opiate dependence, hypertension, hypothyroidism, hyperlipidemia, diabetes, temporomandibular joint disorder, depression, dental injuries, and metabolic syndrome. The request for one prescription of Oxycodone 10mg #120 was modified to one prescription of Oxycodone 10mg #30, and the request for one unknown prescription of Tegaderm for Fentanyl patches and one plastic surgeon consultation was denied.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One prescription Of Oxycodone 10mg #120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 94-97.

**Decision rationale:** According to CA MTUS guidelines, Oxycodone is a short acting opioid is recommended for chronic pain management under certain criteria. The guidelines state the following for continuation of management with opioids; "Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life". The guidelines state continuation of opioids is recommended if the patient has returned to work. In this case, there is no evidence of return to work. There is little documentation of significant improvement in pain level; no mention of standard quantitative measurement of pain level, i.e. VAS. There is no evidence of recent urine drug test in order to monitor the patient's compliance. Frequent dosing of short acting opioids, more than 1-2 a day is not recommended. Therefore, the request for Oxycodone 10mg #120 is not medically necessary.

**One Unknown prescription of Tegaderm for fentanyl patches:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** MTUS/ACOEM/ODG do not address the issue. However, ODG Low back chapter, wound dressing was consulted. The wound dressing is recommended for chronic wounds. Furthermore, there is no clear evidence of non-adherence of the Fentanyl patches in the medical records. Thus, the request is considered not medically necessary.

**One plastic surgeon consultation:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 7, IME and consultation

**Decision rationale:** ACOEM guidelines state that a referral may be appropriate if the practitioner is uncomfortable with the line of inquiry, with treating a particular cause of delayed recovery. Furthermore, as per ACOEM guidelines, the occupational health practitioner may refer to other

specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. In this case, the injured worker has complained of loose skin in her upper and lower extremities as well as abdomen due to weight loss, believed to be caused by work-related stress. However, the request is considered a cosmetic procedure and not a medical necessity. Hence, the request for plastic surgery consultation is not medically necessary.