

<b>Case Number:</b>	CM14-0133539		
<b>Date Assigned:</b>	08/27/2014	<b>Date of Injury:</b>	01/10/2007
<b>Decision Date:</b>	10/14/2014	<b>UR Denial Date:</b>	07/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/21/2014

### 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. 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 48 year old male injured on 01/10/07 when his head was impacted by a board weighing approximately 20 pounds while carrying the board on his head with a coworker. The injured worker was not wearing a helmet at the time of the impact. Approximately June of 2007, the injured worker sustained laceration to the left middle finger as a result of a skilsaw accident and required treatment by a hand surgeon for nerve repair. The injured worker complained of posterior cervical pain radiating into the trapezial and tricipital regions of the arms alternating between right and left sides secondary to head impact. The injured worker also complained of tingling in the fingertips of the hand with pain in the left middle finger at the site of laceration accompanied by sensory loss. Diagnoses include hyperesthesia and possible neuroma along the radial aspect of the left middle finger, cervical strain, and weight gain. Clinical note dated 08/15/14 indicated the injured worker presented complaining of persistent pain at 8-10/10 in the 3rd digit of the left hand treated with combination of Oxycontin and Percocet. The injured worker reported a decrease in pain to 4/10 with the use of medication. The injured worker also reported occasional spasms and numbness and tingling approximately 3-4 times a week. The injured worker reported ability to lift a gallon of milk with the left upper extremity; however, admitted to avoidance of use of the left hand. The injured worker received assistance with most of chores around the home. Physical examination revealed movement of the 3rd digit of the left hand limited due to inability to bend finger to form a fist. Treatment plan included prescriptions for Oxycontin 20mg, Percocet 10/325mg, and Trazodone 50mg. Previous documentation indicated the injured worker was to wean narcotic medications; however, tapering stopped at a decrease from 30 mg to 20mg every 12 hours of Oxycontin. The initial request was non-certified on 07/29/14.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Oxycontin 20mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids Page(s): 77.

**Decision rationale:** As noted on page 77 of the Chronic Pain Medical Treatment Guidelines, patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is no clear documentation regarding the functional benefits or any substantial functional improvement obtained with the continued use of narcotic medications. Specific examples of improved functionality should be provided to include individual activities of daily living, community activities, and exercise able to perform as a result of medication use. Additionally, documentation indication the injured worker was to wean opioid medications; however, there is no indication of ongoing attempts to do so. As such, Oxycontin 20mg #60 cannot be recommended as medically necessary at this time.

**Percocet 10/325mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids Page(s): 77.

**Decision rationale:** As noted on page 77 of the Chronic Pain Medical Treatment Guidelines, patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is no clear documentation regarding the functional benefits or any substantial functional improvement obtained with the continued use of narcotic medications. Specific examples of improved functionality should be provided to include individual activities of daily living, community activities, and exercise able to perform as a result of medication use. Additionally, documentation indication the injured worker was to wean opioid medications; however, there is no indication of ongoing attempts to do so. As such, Percocet 10/325mg #60 cannot be recommended as medically necessary at this time.