

<b>Case Number:</b>	CM14-0135566		
<b>Date Assigned:</b>	09/05/2014	<b>Date of Injury:</b>	04/04/2003
<b>Decision Date:</b>	10/15/2014	<b>UR Denial Date:</b>	08/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/22/2014

### 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 Oklahoma. 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 with a reported injury on 04/04/2003. The mechanism of injury occurred when the injured worker's thumb was caught in the hole of a crate and the crate fell and pulled on his thumb. The injured worker's diagnoses include reflex sympathetic dystrophy. The injured worker's previous treatments included medications, rest, immobilization, physical therapy, multiple sympathetic blocks and an interferential stimulator. The injured worker's diagnostic examinations have included multiple x-rays of the left thumb, hand and wrist, x-rays of the facial bones, a CT scan of the brain, and bone scan of the hands and wrist. The injured worker's surgical history included left thumb surgery in 2003, left wrist and hand surgery in 2006, left palm and forearm surgery in 2007, and the injured worker also reported a surgery to the left arm for which he could not recall the date. The injured worker was evaluated on 06/05/2014 for pain to his left arm which he reported as the same and constant. The clinician observed and reported a left hand scar from elbow to fingers, multiple hairless areas, and allodynia was marked. There were areas of healed scars on his left arm, and was exquisitely painful to palpation. The clinician's treatment plan was to continue Oxycontin 20 mg 6 per day, Norco 10/325 mg 12 per day for breakthrough pain, Valium 2 mg once per week for muscle spasms. The clinician also recommended a trial of a dorsal column stimulator and considers thumb amputation if all else fails as the injured worker did not use his hand because he was afraid of bumping it. The injured worker's medications are as listed in the treatment plan above. The request was for 1 prescription of Oxycontin 20 mg #120. No rationale for this request was provided. The Request for Authorization Forms were submitted on 09/12/2013 and 11/21/2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 Prescription of Oxycontin 20mg #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): 74-97.

**Decision rationale:** The injured worker continued to complain of left arm and hand pain especially to the left thumb. The California MTUS Chronic Pain Medical Treatment Guidelines recommend the discontinuation of opioids if there is no overall improvement in function unless there are extenuating circumstances. There should be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The injured worker has been taking the Oxycontin since at least 08/01/2013. The injured worker does not indicate any improvement in his pain or functioning. The current dosing of the injured worker's Oxycontin 20 mg 6 per day alone equals a total daily morphine equivalent dose of 180 which is greater than the recommended 120 mg or less morphine equivalent dose. Additionally, the request did not indicate a frequency of dosing. Therefore, the request for Oxycontin 20 mg #120 is not medically necessary.