

<b>Case Number:</b>	CM14-0028909		
<b>Date Assigned:</b>	04/07/2014	<b>Date of Injury:</b>	06/08/2000
<b>Decision Date:</b>	10/22/2014	<b>UR Denial Date:</b>	12/19/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/18/2014

### 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 Family Medicine, 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:

64 yr. old male claimant sustained a work injury on 6/8/2000 involving the wrist and upper limb. He was diagnosed with wrist pain and entrapment neuropathy. The claimant had been on Oxycontin ER 40 mg TID and Norco 10 mg QID since at least May 2013. A progress note on 11/22/13 indicated the claimant had been undergoing therapy. He had been tolerating medications well. Exam findings were notable for right wrist swelling, restricted range of motion and reduced strength. The treating physician continued the Oxycontin 40 mg TID and Norco 10 mg QID. A subsequent request was made the following month to wean Oxycontin and use 40 Mg BID over 3 months.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **OXYCONTIN ER 40MG, #60 REFILL X2 AS PART OF THE WEANING PROCESS:**

Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR THE USE OF OPIOIDS,.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids; weaning medications Page(s): 82-92; 124.

**Decision rationale:** According to the MTUS guidelines, weaning opioids may require tapering by 20 to 50% per week of the original dose for patients who are not addicted. In this case, there was no indication on a weekly basis of the response to taper, plan for withdrawal scale response or weaning rate. As such, the request is not medically necessary.