

<b>Case Number:</b>	CM14-0029019		
<b>Date Assigned:</b>	06/16/2014	<b>Date of Injury:</b>	12/03/2001
<b>Decision Date:</b>	08/05/2014	<b>UR Denial Date:</b>	02/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/06/2014

### 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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 44-year-old female with a 12/3/01 date of injury, and status post bilateral carpal tunnel release 02. At the time (2/19/14) of request for authorization for Oxycodone 60 mg XR #90, there is documentation of subjective (increased post-procedural pain, pain rated 6/10) and objective (cervical range of motion mildly restricted, decreased strength in the left and right upper extremity, decreased sensation in the left and right C6 and C7 distribution) findings, current diagnoses (tendinitis left hand, tendinitis right wrist, bilateral carpal tunnel release, cervical radiculopathy, and degeneration of cervical intervertebral disc), and treatment to date (spinal cord stimulation, intrathecal pain pump, radiofrequency neurotomy, and medications (including Oxycodone since at least 9/13). 9/26/13 medical report identifies that the medications are keeping the patient functional, allowing increased mobility, and tolerance of activities of daily living and home exercises, and there are no side effects associated. In addition, 9/26/13 medical report identifies that patient gives verbal understanding of benefits, possible side effects, and agrees to be compliant in medication usage; and the patient was strongly advised to taper the medications as much as possible, and to utilize the lowest effective dose.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**OXYCODONE 60MG XR #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS & OTHER MEDICAL TREATMENT GUIDELINE OR MEDICAL EVIDENCE: TITLE 8, CALIFORNIA CODE OF REGULATIONS, SECTION 9792.20 Page(s): 74-80.

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines necessitate documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of opioids. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of tendinitis left hand, tendinitis right wrist, bilateral carpal tunnel release, cervical radiculopathy, and degeneration of cervical intervertebral disc. In addition, there is documentation that the prescriptions are from a single practitioner and are taken as directed; that the lowest possible dose is being prescribed; that there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, and functional benefit as a result of Oxycodone use to date. Therefore, based on guidelines and a review of the evidence, the request for Oxycodone 60 mg XR #90 is medically necessary.