

<b>Case Number:</b>	CM14-0050810		
<b>Date Assigned:</b>	06/23/2014	<b>Date of Injury:</b>	01/24/2011
<b>Decision Date:</b>	07/22/2014	<b>UR Denial Date:</b>	02/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/21/2014

### 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 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 who is a 58-year-old male who reported an injury on 01/24/2011. The mechanism is unknown. The injured worker underwent a permanent spinal cord stimulator on 01/23/2012 and on 11/27/2012 left carpal tunnel release. On 04/30/2014, it was noted the injured worker still having significant swelling, sweating, light to touch pain in the median nerve distribution excluding the fingertips coldness and color changes all on the left hand. On 04/30/2014, the injured worker complained of referable pain to his bilateral upper extremities and severe right hand pain with dysesthesias. It was noted the injured worker pain level was a 7-8/10 in his left hand and a 7/10 on his right hand. It was noted the injured worker pain level was a 10/10 without medications and a 0/10 with medications that helps him sleep better, hold light objects in hand and have functional improvement. It was noted the injured worker was not seeing a psychologist as recommended. On 04/30/2014, the physical examination revealed severe swelling of the right hand, significant loss of range of motion of the right wrist and weakened hand grip and swelling on the left hand/wrist with hyperesthesia and allodynia present particularly in the median nerve distribution. The injured worker right wrist the flexion was 10 degrees, 4 degrees extension, 5 degrees of the ulnar and radial deviation. The injured worker had 10 degrees of the normal thumb motion on the right hand and 30 degrees other digits at proximal interphalangeal joint (PIP) and distal interphalangeal joint (DIP) joints. It was noted the injured worker had hyperesthesia to pinprick testing and light to touch. The Tinel's test was grossly positive for pain on the right side and mild dysesthesias into the right hand at the level of the wrist. It was noted the injured worker completed physical therapy for his left hand without much success. The injured worker medication included Vytarin, Lidoderm 5%, Elavil 100mg, Neurontin 800mg, Nucynta 100mg, Opana ER 30mg, Aciphex 20 mg, Aspirin EC 81mg, Ranitidine HCL 150mg and Trental 400mg. The injured worker diagnoses include bilateral

carpometacarpal (CMC) joints arthroplasty with carpal tunnel release (CTR), carpal tunnel and complex regional pain syndrome (CRPS) bilateral upper extremities. The injured worker treatment plan included a decision for Oxymorphone 30mg #60 30 day supply. The authorization for request was not submitted for this review.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**OXYMORPHONE 30MG ER, #60, 30 DAYS SUPPLY:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, CRPS, When to discontinue opioids Page(s): 86, 37, 56-7.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 78.

**Decision rationale:** The request for Oxymorphone 30mg #60 30 day supply is non-certified. On 04/30/2014, the injured worker complained of referable pain to his bilateral upper extremities and severe right hand pain with dysesthesia. It was noted the injured worker pain level was a 7-8/10 in his left hand and a 7/10 on his right hand. It was noted the injured worker pain level was a 10/10 without medications and a 0/10 with medications that helps him sleep better, hold light objects in hand and have functional improvement. The California MTUS guidelines state that criteria for use for ongoing- management of opioids include ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. There was lack of evidence of opioid medication management and average pain, intensity of pain, or longevity of pain relief. There was a urine drug screen submitted for the injured worker to identify the injured worker ongoing compliance regiment of the Oxymorphone. In addition, the request does not include the frequency. Given the above, the request for the ongoing use of Oxymorphone 30mg #60 30 day supply is not supported by the California MTUS guidelines recommendations. As such the request is non-certified.