MAXIMUS Federal Services

| Case Number: | CM14-0066261 | | |
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| Date Assigned: | 07/02/2014 | Date of Injury: | 08/24/2007 |
| Decision Date: | 08/21/2014 | UR Denial Date: | 03/28/2014 |
| Priority: | Standard | Application Received: | 04/10/2014 |

## 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 Preventive Medicine, has a subspecialty in Occupational Medicine 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 52 year old female worker sustained a work related injury on 08/24/2007. She complains pain in her neck, shoulder and hand. The pain is burning in character, about 7/10 in intensity. It is localized to her upper back, but goes through her shoulder to her hands. It is associated with headeaches,; numbness and weakness in her hands. The pain appears to be getting worse despite treatment. It limits her from washing, cooking, and showering. She has been off duty as a result of the pain. She had fusion of her neck at C5-6 in 09/22/ 2008; nerve studies done 05/22/2008 revealed radiculopathy of C6, C7, C8, carpal tunnel syndrome; she had Cervical MRI in 12/07/2009. Her examination revealed limitation of neck range of movemnt, normal range of motion of the shoulders, decreased strenght in her arms, and mild swelling of her digits. Medictions include Ambien, Amitiza, Naproxen, oxycodone, fentanyl, and cyclobenzapyrine. The records reveal she has one provider source for opioids, no evidence of opioids abuse. She has been diagnosed of Major Depression; Neuralgia/neuritis/ radiculitis, Carpal tunnel syndrome, cubital tunnel syndrome, and Myalgia and Myositis.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Oxycodone (Roxicodone) 5mg #15 times 2:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines <Opioids>.

**Decision rationale:** Although the report from the Workers compensation progress report noted that the injured worker is able to get out of bed and do her errands, the report also noted that the pain is worsening; the pain prevents her from cooking, washing and doing HEP; she has remained off work. The conclusion to be drawn from this is that she has not met what the MTUS recommends as the criteria for satisfactory response justifying continued use of opioids. These criteria are: decreased pain, increased level of function, or improved quality of life.