

<b>Case Number:</b>	CM14-0096317		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	10/12/2000
<b>Decision Date:</b>	08/28/2014	<b>UR Denial Date:</b>	05/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/24/2014

### 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 Nevada. 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 40-year-old female who was reportedly injured on October 12, 2000. The mechanism of injury was not listed in these records reviewed. The most recent progress note dated April 23, 2014, indicated that there were ongoing complaints of increased swelling, coolness, and pain of both hands. Current medications included Topiramate, OxyContin, Flector patches, Trazodone, Flexeril and Gaba/keto/lido. The physical examination demonstrated tenderness along the cervical spine paraspinal muscles and decreased cervical spine range of motion. There was tenderness along the lower lumbar paravertebral muscles as well. Swelling, hyperhidrosis and coolness were noted of the right greater than left upper extremity. The treatment plan included a urine toxicology screen and continuation with a home exercise program. Diagnostic imaging studies were not reviewed during this appointment. Previous treatment included epidural steroid injections, physical therapy, acupuncture, the use of a transcutaneous electrical nerve stimulation unit and biofeedback. A request was made for Oxycodone and was not certified in the pre-authorization process on May 30, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Prospective use of Oxycodone HCL 30 mg # 90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74, 78, 93.

**Decision rationale:** According to the medical record, the injured employee's combined dosage of OxyContin and Oxycodone is equivalent to 450 mg of morphine dosages, which far exceeds the recommended daily limit of 120 mg. Additionally, the most recent progress note dated April 23, 2014, already stated that OxyContin helped the injured employee participate in activities of daily living. For these reasons, this request for Oxycodone is not medically necessary.