

<b>Case Number:</b>	CM14-0098184		
<b>Date Assigned:</b>	07/28/2014	<b>Date of Injury:</b>	02/20/1999
<b>Decision Date:</b>	09/29/2014	<b>UR Denial Date:</b>	06/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/26/2014

### 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 Occupational 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:

The applicant is a represented legal office biller who has filed a claim for chronic hand, finger, and upper extremity pain reportedly associated with an industrial injury of February 20, 1999. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; earlier elbow surgery; transfer of care to and from various providers in various specialties; unspecified amounts of physical therapy over the life of the claim; and opioid therapy. In a Utilization Review Report dated June 20, 2014, the claims administrator denied a request for oxycodone. Portions of the report were truncated; however, it appeared that the request was denied on the grounds that the applicant was not profiting from the same. The applicant's attorney subsequently appealed. In a June 9, 2014 progress note, the applicant reported persistent complaints of low back, right shoulder, and right upper extremity pain, at times severe and burning. 8/10 pain without medications was noted versus 2/10 pain with oxycodone. The applicant stated that ongoing medication usage was ameliorating her ability to care for her special-needs daughter, cook, clean, shower, and get dressed. The applicant had apparently experienced side effects with Cymbalta, it was stated, and could not use NSAIDs owing to renal insufficiency. Diminished grip strength was noted about the right upper extremity. The applicant was given refills of Oxycodone, Flexeril, and Rozerem. The applicant was asked to slowly increase dosages of the Cymbalta and Lyrica. A topical Ketoprofen-containing compound and acupuncture were sought. The applicant's work status was not clearly stated.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Oxycodone 5mg IR # 30:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids topic Page(s): 80.

**Decision rationale:** As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, the applicant's work status has not been clearly outlined by the treating provider. Nevertheless, the treating provider has outlined appropriate decrements in pain levels, from 8/10 without medications to 2/10 with Oxycodone usage. The applicant's ability to care for her daughter, cook, clean, grasp, and perform other activities of daily living has reported been ameliorated as a result of ongoing opioid therapy. Continuing the same on balance this request is medically necessary.