

<b>Case Number:</b>	CM14-0172750		
<b>Date Assigned:</b>	10/23/2014	<b>Date of Injury:</b>	03/20/2007
<b>Decision Date:</b>	01/15/2015	<b>UR Denial Date:</b>	10/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/20/2014

### 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 Family 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:

This is a 30 year old female patient who sustained a work related injury on 3/20/2007. The exact mechanism of injury was not specified in the records provided. The current diagnoses include ulnar nerve lesion and arm joint pain, chronic pain syndrome, severe reactive depression, bilateral carpal tunnel release, and chronic opioid. Per the doctor's note dated 9/19/14, patient has complaints of upper extremity pain at 9/10. Per the doctor's note dated 10/20/14 physical examination revealed tenderness over the right lateral epicondyle and increased pain with resisted right long finger extension, PHQ-9 score of 27/30 indicates severe depression. Per the doctor's note dated 8/27/14 patient had complaints of pain at 8-9/10 without medication. Physical examination revealed no apparent distress, cognitively intact, normal gait, 5/5 strength in bilateral upper extremities with normal sensation, right lateral elbow tenderness, PHQ-9 score of 27/30 indicating severe depression. A urine drug screen, performed 07/11/14, was consistent with her current medication regimen. The claimant has an upcoming right elbow surgery next month. The current medication lists include OxyContin, Oxycodone, Gabapentin, Pantoprazole, Quazepam, and Ibuprofen. Diagnostic imaging reports were not specified in the records provided. She has had a history of bilateral carpal tunnel release, revision right wrist scar, bilateral ulnar nerve transposition, bilateral extensor tendon repair, left hand flexor contracture release, and left trigger finger release. She has had two steroid injections, one to the right lateral epicondyle and one to the left hand with relief. The patient has received an unspecified number of PT visits for this injury. She wears a left hand brace for this injury. She had received cognitive behavioral therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**POS Oxycontin tab 10mg CR #90 (30 day supply): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use of opioids Page(s): 76-80. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain chapter, Opioids, dosing

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use; criteria for use of opioids; Therapeutic Trial of Opioids Page(s): 76.

**Decision rationale:** Oxycontin is an opioid analgesic. According to CA MTUS guidelines cited below, "A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." The records provided do not specify that patient has set goals regarding the use of opioid analgesic. A treatment failure with non-opioid analgesics is not specified in the records provided. Other criteria for ongoing management of opioids are: "The lowest possible dose should be prescribed to improve pain and function. Continuing review of the overall situation with regard to nonopioid means of pain control. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs." The records provided do not provide a documentation of response in regards to pain control and functional improvement to opioid analgesic for this patient. The continued review of overall situation with regard to nonopioid means of pain control is not documented in the records provided. As recommended by MTUS a documentation of pain relief, functional status, appropriate medication use, and side effects should be maintained for ongoing management of opioid analgesic, these are not specified in the records provided. Whether improvement in pain translated into objective functional improvement including ability to work is not specified in the records provided. With this, it is deemed that, this patient does not meet criteria for ongoing continued use of opioids analgesic. The medical necessity of Oxycontin tab 10mg CR #90 (30 day supply) is not established for this patient.

**POS Oxycontin tab 10mg CR #120 (30 day supply): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use of opioids Page(s): 76-80. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain chapter, Opioids, dosing

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use; criteria for use of opioids; Therapeutic Trial of Opioids Page(s): 76.

**Decision rationale:** Oxycontin is an opioid analgesic. According to CA MTUS guidelines cited below, "A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." The records provided do not specify that patient has set goals regarding the use of opioid analgesic. A treatment failure

with non-opioid analgesics is not specified in the records provided. Other criteria for ongoing management of opioids are: "The lowest possible dose should be prescribed to improve pain and function. Continuing review of the overall situation with regard to nonopioid means of pain control. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs." The records provided do not provide a documentation of response in regards to pain control and functional improvement to opioid analgesic for this patient. The continued review of overall situation with regard to nonopioid means of pain control is not documented in the records provided. As recommended by MTUS a documentation of pain relief, functional status, appropriate medication use, and side effects should be maintained for ongoing management of opioid analgesic, these are not specified in the records provided. Whether improvement in pain translated into objective functional improvement including ability to work is not specified in the records provided. With this, it is deemed that, this patient does not meet criteria for ongoing continued use of opioids analgesic. The medical necessity of POS Oxycontin tab 10mg CR #120 (30 day supply) is not established for this patient.