

<b>Case Number:</b>	CM14-0181789		
<b>Date Assigned:</b>	11/06/2014	<b>Date of Injury:</b>	10/02/2009
<b>Decision Date:</b>	02/09/2015	<b>UR Denial Date:</b>	09/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/03/2014

### 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 Practice, 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 patient is a 37-year-old female who sustained an industrial injury on October 2, 2009. The patient is currently working part-time and is diagnosed with elbow lateral epicondylitis, carpal tunnel syndrome, injury of hand, myofascial pain and TOS. The patient is status post right carpal tunnel release in 2010. On an examination narrative dated August 18, 2014 the patient completed of a flareup. At that time the patient was noted to be on Norco and Celebrex. The patient was seen on September 10, 2014 at which time she complained of recent flareup of her bilateral upper extremity migratory pain and swelling. She is concerned about septic arthritis she experienced previously. She is status post septic arthritis right elbow in 2011. She was prescribed oxycodone 15 mg #30 alternate with Norco 10 mg TID. Utilization review on September 29, 2014 modified the request for oxycodone 15 mg #30 with two refills to allow the medication with zero refill. The patient was seen on September 17, 2014 at which time it is noted that she was seen in the ER last week due to severe exacerbation of left upper extremity pain and swelling. She was treated with clindamycin and MRI was ordered to rule out recurrence of septic arthritis. She is taking oxycodone 15 mg b.i.d. alternating with Norco 10 mg TID. Oxycodone 15 mg not helping much but when she took two tablets per pain significantly improved. She is to continue with Norco 10/325 mg TID. She is to try oxycodone 30 mg b.i.d. The patient was seen on October 7, 2014 at which time she is noted to be doing a little better with recent IV antibiotic therapy. Repeat MRI of the left arm has demonstrated evidence of chronic low-grade infection and inflammation. Alternating hydrocodone and oxycodone has helped. She was prescribed oxycodone 30 mg #60, hydrocodone 10 mg #60, and oxycodone 30 mg #60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Oxycodone 15mg #30 with 2 refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain , Opioids

**Decision rationale:** Evidence-based guidelines indicate that opioids are generally not recommended for chronic nonmalignant pain. The patient is noted to be followed for chief complain of lateral epicondylitis with prior history of septic arthritis in 2011. She had been maintained on Norco and Celebrex. However, when she was seen on September 10, 2014 she complained of a flareup at which time she was prescribed oxycodone 15 mg #30 to alternate with Norco. Utilization review on September 29, 2014 modified the request for oxycodone 15 mg #30 with two refills to allow the medication with zero refill. The modification would have been sufficient to determine if the addition of oxycodone would be beneficial. As such, I concur with the prior utilization review of September 29, 2012 and the request for two refills would not have been supported.