

<b>Case Number:</b>	CM14-0085335		
<b>Date Assigned:</b>	01/30/2015	<b>Date of Injury:</b>	05/17/2004
<b>Decision Date:</b>	03/03/2015	<b>UR Denial Date:</b>	05/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/09/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: Texas, California  
 Certification(s)/Specialty: Family Practice

### 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 55 year old female who suffered an unknown work related injury on 05/17/04. Per the physician notes from 05/09/14 she presented for 2 month follow-up for De Quervain's. She tries to do her home exercises. Diagnoses include De Quervain's, elbow enthesopathy, tendonitis depression, and lateral epicondylitis. She was noted to have bilateral myofascial pain/tendinitis in the upper extremities. She was noted to be stable with medication and home exercises. The treatment plan was to continue Oxycodone. Per the doctor's note dated 5/09/14 patient had complaints of pain in the upper extremity pain. Physical examination revealed positive Finekelstein sign, 5/5 strength, normal sensation and DTRs and tenderness on palpation. The medication list includes Norvasc, Neurontin, Lovastatin, Percocet, Clonazepam and Baclofen.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Oxycod/APAP tab 10-325mg x30days #135:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-95, 124.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use: CRITERIA FOR USE OF OPIOIDSTherapeutic Trial of Opioids Page(s).

**Decision rationale:** According to the MTUS Chronic Pain Guidelines, "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 the MTUS Chronic Pain Guidelines 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. The MTUS Chronic Pain Guidelines recommend urine drug screen to assess for the use or the presence of illegal drugs in patients using opioids for long term. A recent urine drug screen report is 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 Oxycod/APAP tab 10-325mg x30days #135 is not established for this patient.