

<b>Case Number:</b>	CM15-0005829		
<b>Date Assigned:</b>	01/26/2015	<b>Date of Injury:</b>	09/03/2012
<b>Decision Date:</b>	03/13/2015	<b>UR Denial Date:</b>	12/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/12/2015

### 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: California

Certification(s)/Specialty: Emergency Medicine

### 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 42 year old male, who sustained an industrial injury on 9/30/2012. The diagnoses have included cervical spine sprain, bilateral carpal tunnel syndrome and bilateral cubital tunnel syndrome. . Treatment to date has included physical therapy and splinting. Past surgical history included right carpal tunnel release and right ulnar nerve decompression. Per a report dated 10/28/2014, the injured worker had significant electrophysiologic evidence of mild to moderate ulnar nerve compromise at or near the elbow (cubital tunnel) on the left involving predominantly myelin. According to a supplemental report from 9/5/2014, the injured worker had positive provocative findings on examination for the left ulnar nerve at the elbow with a positive left elbow flexion test at less than ten seconds and a very positive Tinel's test over the left ulnar nerve at the cubital tunnel. Carpal tunnel release was recommended. According to the physician's progress note from 11/19/2014, the injured worker had chief complaints of back and neck pain, numbness in fingers and numbness left leg. The injured worker reported feeling the same. He stated that he had an increase in symptoms of discomfort in the left upper extremity following the nerve conduction study. The physician assessment was that the injured worker was still in need of further surgical intervention. Authorization was requested for carpal tunnel surgery. On 12/8/2014, Utilization Review modified a request for oxycodone 10/325mg to oxycodone 10/325mg 50 tablets, noting that the request for authorization did not include a specific number of tablets to be prescribed. The MTUS, ACOEM Guidelines and ODG were cited.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Oxycodone 10/325mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 79-80. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82 Page(s): Pages.

**Decision rationale:** The requested Oxycodone 10/325 mg is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, recommend continued use of this opiate for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The injured worker has back and neck pain, numbness in fingers and numbness left leg. The treating physician has documented positive provocative findings on examination for the left ulnar nerve at the elbow with a positive left elbow flexion test at less than ten seconds and a very positive Tinel's test over the left ulnar nerve at the cubital tunnel. The treating physician has not documented VAS pain quantification with and without medications, duration of treatment, and objective evidence of derived functional benefit such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention, nor measures of opiate surveillance including an executed narcotic pain contract or urine drug screening. The criteria noted above not having been met, Oxycodone 10/325mg is not medically necessary.