

<b>Case Number:</b>	CM15-0010061		
<b>Date Assigned:</b>	01/27/2015	<b>Date of Injury:</b>	10/02/2009
<b>Decision Date:</b>	03/16/2015	<b>UR Denial Date:</b>	12/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/16/2015

### 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: New York  
 Certification(s)/Specialty: Internal 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 37 year old female, who sustained an industrial injury on 10/02/2009. She has reported subsequent bilateral upper extremity pain and was diagnosed with thoracic outlet syndrome, carpal tunnel syndrome, lateral epicondylitis and myofascial pain. Treatment to date has included oral pain medication, injections, physical therapy and surgery. In a progress note dated 10/07/2014, the injured worker complained of continued upper extremity pain with severe pain in the right upper extremity. The injured worker reported inability to reduce pain medication dosage and was noted to have significant decrease in energy level, poor sleep, poor mood and decreased levels of physical activity. Objective examination findings were notable for severe myofascial trigger points in the cervicothoracic paraspinal and trapezius muscles, marked tenderness with light palpation over the right forearm dorsal compartment, positive Adson's maneuver on the right and hypesthesia on the right in the median and radial nerve distribution. The physician requested authorization for Oxycodone noting that this medication allowed the injured worker a significant degree of increased functional independence with basic activities of daily living. On 12/19/2014, Utilization Review non-certified a request for prospective use of Oxycodone, noting that there was no evidence of objective functional gain from prior use of the medication or documentation of a risk assessment profile. MTUS Chronic Pain Treatment Guidelines were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Prospective use of Oxycodone 30mg #60 with 1 refill: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for treatment of chronic pain Page(s): 91-97 ( pdf format).

**Decision rationale:** The documentation indicates the enrollee has been treated with opioid therapy with Oxycodone for pain control. Per California MTUS Guidelines, short-acting opioids such as Oxycodone are seen as an effective method in controlling chronic pain. They are often used for intermittent or breakthrough pain. The treatment of chronic pain with any opioid agent requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include current pain: last reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid, and the duration of pain relief. Per the medical documentation there has been no documentation of the medication's pain relief effectiveness and no clear documentation that the claimant has responded to ongoing opioid therapy. According to the California MTUS Guidelines there has to be certain criteria followed including an ongoing review and documentation of pain relief and functional status. This does not appear to have occurred with this patient. The patient has continued pain despite the use of short acting opioid medications. Medical necessity for Oxycodone 30mg has not been established. The requested treatment is not medically necessary.