

|                       |              |                              |            |
|-----------------------|--------------|------------------------------|------------|
| <b>Case Number:</b>   | CM15-0132809 |                              |            |
| <b>Date Assigned:</b> | 07/20/2015   | <b>Date of Injury:</b>       | 10/02/2009 |
| <b>Decision Date:</b> | 08/14/2015   | <b>UR Denial Date:</b>       | 06/23/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 07/09/2015 |

### 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: Arizona, 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 44 year old male, who sustained an industrial injury on 10/02/2009. He has reported injury to the left hand. The diagnoses have included chronic pain syndrome; laceration of left thumb with near amputation; revision amputation left thumb with V-Y advancement flap; pain in the left thumb and hand; neuralgia; and paresthesia upper extremity. Treatment to date has included medications, diagnostics, and surgical intervention. Medications have included OxyContin, Norco, Celexa, Oxycodone HCl, Lidoderm Patch, and Temazepam. A progress note from the treating physician, dated 06/15/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of left hand pain; the Oxycodone provided so much benefit to him that he is now back to working 8 hours a day; in the past when his OxyContin, Norco, and Celexa were all removed, his left thumb and hand pains became so severe, he was only able to work 4 hours a day; the frequency of the pain/spasticity is worsening; the quality of pain/spasticity is cramping, throbbing, and stabbing; the pain is made worse by lifting, stress, weather changes, and cold; the pain is made better by medication; and the average pain is rated at 8/10 on the pain scale. Objective findings included point tenderness to moderate palpation over the posterior base of the thumb. The treatment plan has included the request for Oxycodone HCl 30mg #90.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Oxycodone HCL 30mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment for Workers' Compensation (ODG-TWC) Pain Procedure Summary Online Version last updated 06/15/2015.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 82-92.

**Decision rationale:** Oxycodone is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain . It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Oxycodone for several months. Pain reduction was minimal with medication . The claimant had been on multiple opioids in the past and long-term use is not indicated. In addition, failure of NSAIDS and Tylenol were not noted. The Oxycodone is not medically necessary.