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| <b>Case Number:</b>   | CM15-0160690 |                              |            |
| <b>Date Assigned:</b> | 08/27/2015   | <b>Date of Injury:</b>       | 03/20/2011 |
| <b>Decision Date:</b> | 09/29/2015   | <b>UR Denial Date:</b>       | 07/20/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 08/17/2015 |

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 48 year old female sustained an industrial injury on 3-20-11. She subsequently reported right upper extremity pain. Diagnoses include cervical facet arthropathy, cervical radiculopathy and cervical degenerated disc disease. Treatments to date include MRI testing, shoulder, neck and wrist surgeries, injections, physical therapy and prescription pain medications. The injured worker continues to experience bilateral shoulder pain. Upon examination, there was a reduction in the bilateral shoulder range of motion noted. A request for Oxycodone/APAP 10/325mg #210 was made by the treating physician.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Oxycodone/APAP 10/325mg #210:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, p76-80 (2) Opioids, dosing, p86 Page(s): 76-80, 86.

**Decision rationale:** The claimant sustained a work injury in March 2011 and underwent a right carpal tunnel release in August 2014 and left carpal tunnel release in November 2014. She continues to be treated for dysesthetic pain affecting the neck and both upper extremities. When seen, pain was rated at 6/10. A spinal cord stimulator trial was being recommended. Physical examination findings included decreased spinal range of motion with tenderness. Spurling's maneuver was positive for centralized pain. There was back pain with straight leg raising. There was lower cervical facet tenderness. There was decreased upper extremity strength and upper and lower extremity sensation with an antalgic gait. Medications were refilled including Percocet being prescribed at a total MED (morphine equivalent dose) of approximately 100 mg per day. Percocet (oxycodone/acetaminophen) is a short acting combination opioid often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. Although there are no identified issues of abuse or addiction and the total MED is less than 120 mg per day, there is no documentation that this medication is currently providing decreased pain, an increased level of function, or improved quality of life. Continued prescribing was not medically necessary.