

<b>Case Number:</b>	CM15-0166937		
<b>Date Assigned:</b>	09/04/2015	<b>Date of Injury:</b>	08/16/2011
<b>Decision Date:</b>	10/06/2015	<b>UR Denial Date:</b>	08/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/25/2015

### 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, Pulmonary Disease

### 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 46-year-old male sustained an industrial injury on 8-16-11. He subsequently reported hand and wrist pain. Diagnoses include post left ulnar transposition revision surgery. Treatments to date include MRI testing, surgery, physical therapy and prescription pain medications. The injured worker has continued complaints of bilateral upper extremity pain. Upon examination, bilateral upper extremity ranges of motion were restricted. Sensation is reduced in the left arm. Upper extremity muscle spasms were present. The treating physician made a request for Oxycodone 10mg #150 with no refills and Oxycontin 30mg #90 with no refills.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Oxycodone 10mg #150 with no refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids On-Going Management Page(s): 78 - 79.

**Decision rationale:** The patient is a 46 year old male with an injury on 08/16/2011. He has wrist and hand pain and had surgery. He has upper extremity spasm noted. MTUS, chronic pain guidelines for continued treatment with opiates require objective documentation of improved functionality with respect to the ability to do activities of daily living or work and monitoring for efficacy, adverse effects and abnormal drug seeking behavior. The documentation provided for review does not meet these criteria.

**Oxycontin 30mg #90 with no refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids On-Going Management Page(s): 78 - 79.

**Decision rationale:** The patient is a 46 year old male with an injury on 08/16/2011. He has wrist and hand pain and had surgery. He has upper extremity spasm noted. MTUS, chronic pain guidelines for continued treatment with opiates require objective documentation of improved functionality with respect to the ability to do activities of daily living or work and monitoring for efficacy, adverse effects and abnormal drug seeking behavior. The documentation provided for review does not meet these criteria.