

<b>Case Number:</b>	CM15-0189900		
<b>Date Assigned:</b>	10/02/2015	<b>Date of Injury:</b>	03/20/2007
<b>Decision Date:</b>	11/18/2015	<b>UR Denial Date:</b>	09/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/28/2015

### 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: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic hand, wrist, and finger pain reportedly associated with an industrial injury of March 20, 2007. In a utilization review report dated December 11, 2015, the claims administrator failed to approve a request for OxyContin and oxycodone. The claims administrator referenced a September 3, 2015 date of service in its determination. The applicant's attorney subsequently appealed. On May 11, 2015, the applicant reported ongoing issues with bilateral upper extremity pain with associated sleep disturbance. The applicant's medication regimen included OxyContin, oxycodone, Lunesta, Neurontin, Motrin, and Protonix, it was reported. The treating provider stated in one section of the note that the applicant's pain scores were reduced by 50% as a result of ongoing medication consumption. Multiple medications were renewed and/or continued. The applicant's work status was not explicitly stated, although the applicant did not appear to be working. The claims administrator's medical evidence log suggested that the most recent note on file was in fact dated May 11, 2015; thus, the September 3, 2015 office visit which the claims administrator based his decision upon was not seemingly incorporated into the IMR packet.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Oxycontin 10mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

**Decision rationale:** No, the request for OxyContin, a long-acting opioid, was not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant's work status was not clearly reported on May 11, 2015, suggesting the applicant was not, in fact, working. While the treating provider stated the applicant's pain scores were reduced by 50% as a result of ongoing medication consumption, these reports were, however, outweighed by the attending provider's failure to outline the applicant's work status, the applicant's seeming failure to return to work, and the attending provider's failure to outline any meaningful, material, and/or substantive improvements in function (if any) effected as a result of ongoing OxyContin usage. Therefore, the request was not medically necessary.

**Oxycodone 10mg #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

**Decision rationale:** Similarly, the request for oxycodone, a short-acting opioid, was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant's work status was not reported on May 11, 2015, suggesting that the applicant was not working. While the treating provider recounted a 50% reduction in pain scores reportedly achieved as a result of ongoing opioid usage, these reports were, however, outweighed by the applicant's seeming failure to return to work and the attending provider's failure to outline meaningful, material, and/or substantive improvements in function (if any) effected as a result of ongoing opioid usage. While it is acknowledged that the September 3, 2015 office visit on which the claims administrator based his decision upon was not seemingly incorporated into the IMR packet, the historical information on file failed to support or substantiate the request. Therefore, the request was not medically necessary.