

<b>Case Number:</b>	CM15-0196269		
<b>Date Assigned:</b>	10/14/2015	<b>Date of Injury:</b>	01/14/2011
<b>Decision Date:</b>	11/25/2015	<b>UR Denial Date:</b>	09/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/06/2015

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 32 year old male, who sustained an industrial injury on 1-14-2011. The injured worker is undergoing treatment for: right carpal tunnel syndrome, right thumb CMC derangement, right radial nerve syndrome. On 7-27-15, he reported right upper extremity pain rated 5-8 out of 10. He indicated he takes Norco and oxycodone when he is not working and is noted to get benefit from them. On 8-28-2015, he reported that his pain to the right upper extremity was the same since his last visit. He rated his pain 5-7 out of 10. Physical examination revealed a normal gait, tenderness at the right medial epicondyle, positive tinels over the cubital tunnel, sensation intact, percussion produces tingling between the ring and middle fingers. The treatment and diagnostic testing to date has included: multiple sessions of physical therapy, wrist splint, magnetic resonance imaging of the right elbow (3-14-11), right elbow surgery (5-10-11), TENS, right carpal tunnel release (3-6-13), right ulnar nerve transposition (10-19-11). Medications have included: Oxycodone, Norco, Voltaren gel and Lidoderm patches. The records indicate he has been utilizing oxycodone and hydrocodone since at least January 2013, possibly longer. Current work status: unclear. The request for authorization is for: Oxycodone 30mg every day as needed, quantity 30; Norco 10-325mg twice a day as needed, quantity 60. The UR dated 9-14-2015: non-certified the requests for Oxycodone 30mg every day as needed, quantity 30; Norco 10-325mg twice a day as needed, quantity 60.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Oxycodone 30mg qd prn x 30:** Overturned

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

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

**Decision rationale:** The patient presents on 08/28/15 with right upper extremity pain rated 3/10 with medications, 5-7/10 without medications. The patient's date of injury is 01/14/11. Patient is status post right carpal tunnel release on 03/06/13 and status post right ulnar nerve transposition on 10/19/11. The request is for Oxycodone 30mg qd prn x30. The RFA is dated 08/28/15. Physical examination dated 08/28/15 reveals tenderness to palpation of the medial epicondyle (unspecified), positive Tinel's sign over the cubital tunnel (unspecified), and a tingling sensation in the ring and middle fingers upon percussion of the carpal tunnel (unspecified). The patient is currently prescribed Oxycodone, Norco, and Protonix. Patient is currently working. MTUS, Criteria for Use of Opioids Section, pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS, Criteria For Use Of Opioids Section, page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS, Criteria for Use of Opioids Section, p77, states that "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS, Medications For Chronic Pain Section, page 60 states that "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity." In regard to the continuation of Oxycodone for the management of this patient's chronic pain, the request is appropriate. MTUS Guidelines require documentation of analgesia via a validated scale, activity-specific functional improvements, consistent urine drug screening, and a statement regarding a lack of aberrant behavior. Per progress note dated 08/28/15, the provider does include documentation that narcotic medications reduce this patient's pain from 5-7/10 to 3/10. The provider also notes that this patient's narcotic medications allow him to continue working and care for his children, which is an adequate demonstration of functionality. The provider specifically notes a lack of aberrant behavior and consistent urine drug screening to date. In this case, 4A's criteria have been adequately addressed. Given this patient's presentation, and the appropriate documentation of 4A's as required by MTUS, continuation of this medication is substantiated. The request is medically necessary.

### **Norco 10/325mg bid prn x 60:** Overturned

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

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

**Decision rationale:** The patient presents on 08/28/15 with right upper extremity pain rated 3/10 with medications, 5-7/10 without medications. The patient's date of injury is 01/14/11. Patient is status post right carpal tunnel release on 03/06/13 and status post right ulnar nerve transposition on 10/19/11. The request is for Norco 10/325mg bid prn x60. The RFA is dated 08/28/15. Physical examination dated 08/28/15 reveals tenderness to palpation of the medial epicondyle (unspecified), positive Tinel's sign over the cubital tunnel (unspecified), and a tingling sensation in the ring and middle fingers upon percussion of the carpal tunnel (unspecified). The patient is currently prescribed Oxycodone, Norco, and Protonix. Patient is currently working. MTUS, Criteria for Use of Opioids Section, pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS, Criteria For Use Of Opioids Section, page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS, Criteria for Use of Opioids Section, p77, states that "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS, Medications for Chronic Pain Section, page 60 states that "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity." In regard to the continuation of Norco for the management of this patient's chronic pain, the request is appropriate. MTUS Guidelines require documentation of analgesia via a validated scale, activity-specific functional improvements, consistent urine drug screening, and a statement regarding a lack of aberrant behavior. Per progress note dated 08/28/15, the provider does include documentation that narcotic medications reduce this patient's pain from 5-7/10 to 3/10. The provider also notes that this patient's narcotic medications allow him to continue working and care for his children, which is an adequate demonstration of functionality. The provider specifically notes a lack of aberrant behavior and consistent urine drug screening to date. In this case, 4A's criteria have been adequately addressed. Given this patient's presentation, and the appropriate documentation of 4A's as required by MTUS, continuation of this medication is substantiated. The request is medically necessary.