

<b>Case Number:</b>	CM15-0206284		
<b>Date Assigned:</b>	10/23/2015	<b>Date of Injury:</b>	09/12/2007
<b>Decision Date:</b>	12/09/2015	<b>UR Denial Date:</b>	10/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/20/2015

### 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 48-year-old who has filed a claim for chronic wrist, hand, and elbow pain reportedly associated with an industrial injury of September 12, 2007. In a Utilization Review report dated October 14, 2015, the claims administrator failed to approve a request for Oxycodone while approving requests for Lyrica and Nexium. The claims administrator referenced a September 30, 2015 order form in its determination. The applicant's attorney subsequently appealed. On an RFA form dated May 14, 2015, Oxycodone, Flexeril, Neurontin, Nexium, and Motrin were renewed. On said September 30, 2015 office visit, Oxycodone, Nexium, and Lyrica were seemingly renewed. The applicant was described as having issues with cervical radiculopathy, wrist pain, carpal tunnel syndrome, a ganglion cyst, chronic pain syndrome, ulnar neuropathy, and elbow epicondylitis, the treating provider reported. The note was difficult to follow as it mingled historical issues with current issues. 7.5/10 pain complaints were reported. Lifting, gripping, grasping, and the like remained problematic, the treating provider reported. The treating provider did state that the applicant's medications were beneficial but did not elaborate further. The applicant completed a functional restoration program, the treating provider reported. The attending provider contended that the applicant's ability to do his dishes, laundry, and the like had all been ameliorated as a result of ongoing medication consumption but did not elaborate further.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Oxycodone 10 MG #120 Prescribed 9/30/15 2 Prescriptions Given: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, specific drug list.

**Decision rationale:** No, the request for Oxycodone, a short-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 reported on September 30, 2015, suggesting that the applicant was not, in fact, working. While the treating provider did recount a low-grade reduction in pain scores effected as a result of ongoing Oxycodone usage, these reports were, however, outweighed by the applicant's failure to return to work and the attending provider's failure to identify meaningful, material, and/or substantive improvements in function (if any) effected as a result of ongoing Oxycodone usage. The treating provider's commentary on September 30, 2015 to the effect that the applicant's ability to do laundry and dishes in unspecified amounts as a result of ongoing medication consumption did not constitute evidence of substantive benefit achieved as a result of ongoing Norco usage and was, moreover, outweighed by the applicant's seeming failure to return to work. Therefore, the request is not medically necessary.