

<b>Case Number:</b>	CM15-0033725		
<b>Date Assigned:</b>	02/27/2015	<b>Date of Injury:</b>	10/02/2009
<b>Decision Date:</b>	04/07/2015	<b>UR Denial Date:</b>	01/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/23/2015

### 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, Illinois

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 injured worker is a 37 year old female, who sustained an industrial injury on October 2, 2009. The diagnoses have included thoracic outlet syndrome, carpal tunnel syndrome, lateral epicondylitis, myofascial pain, chronic pain syndrome and hand injury. Treatment to date has included chronic tunnel release, medication, and diagnostic studies. Currently, the injured worker complains of shoulder pain, forearm pain and elbow pain which has increased over the past few weeks. She reports that Percocet and Norco are contributing to her progressively worsening depressions and request alternative pain medication. On examination, the injured worker has marked straightening of the cervical lordosis, thoracic kyphosis and lumbar lordosis. Her right shoulder is elevated in position and she has severe myofascial trigger points in the cardiothoracic paraspinal and trapezius muscles. She has marked tenderness with even light palpation over the right forearm dorsal compartment and has a positive Adson's maneuver on the right. She reports hypoesthesia on the right in both the median and radial nerve distribution. On January 23, 2015 Utilization Review non-certified a request for oxycodone 15 mg #30. On February 23, 2015, the injured worker submitted an application for IMR for review of oxycodone 15 mg #30.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Oxycodone 15mg #30:** 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 Opioids Page(s): 78-81.

**Decision rationale:** The injured worker sustained a work related injury on October 2, 2009. The medical records provided indicate the diagnosis of thoracic outlet syndrome, carpal tunnel syndrome, lateral epicondylitis, myofascial pain, chronic pain syndrome and hand injury. Treatment to date has included chronic tunnel release, medication, and diagnostic studies. The medical records provided for review do not indicate a medical necessity for Oxycodone 15mg #30. The records indicate she has been using opioids for at least one year without documented evidence of overall improvement in pain and function. The MTUS does not recommend. The use of opioids for treatment of chronic pain beyond 70 days due to lack of research supporting benefit after 70 days. Also, the MTUS recommends discontinuation of opioid treatment if there is no overall improvement in pain and function.