

<b>Case Number:</b>	CM15-0051702		
<b>Date Assigned:</b>	03/25/2015	<b>Date of Injury:</b>	06/04/2001
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	02/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/18/2015

### 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 Jersey, Michigan, California  
 Certification(s)/Specialty: Neurology, Neuromuscular 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 52 year old female, who sustained an industrial injury on 6/4/01. She has reported injury to neck, right shoulder and right fingers and thumb after lifting 3 boxes on a three foot stack at work. The diagnoses have included reflex sympathetic injury to upper limb, cervical disc displacement without myelopathy, and spasmodic torticollis. Treatment to date has included medications, compression sleeve, intrathecal pump, and conservative measures with compression glove and brace. Currently, as per the physician progress note dated 2/6/15, the injured worker complains of pain in the right fingers and thumb for more than 10 years. She also states that she gets electrical shocks through her shoulders and neck causing migraines and headaches with radiation of pain to the neck and upper extremities. The pain was rated 6/10 on pain scale. She also uses a brace and compression glove to right hand. Physical exam revealed limited range of motion to the cervical spine, positive allodynia with hyperalgesia, advanced vasomotor changes right upper extremity, hand and digits severe swelling of right digits 1-5, atrophy right shoulder, and limited range of motion right wrist. The current medications were noted and pain medications included Roxicodone. It was noted that the injured worker's condition has worsened. The intrathecal pump was re-filled. The physician requested treatment includes Roxicodone 30mg quantity 120 for pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Roxicodone 30mg quantity 120: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Oxycodone Immediate release. Decision based on Non-MTUS Citation Official Disability Guidelines-Oxycodone immediate release; Criteria for use of opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 75-81.

**Decision rationale:** According to MTUS guidelines, ongoing use of opioids should follow specific rules: “(a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy. (b) The lowest possible dose should be prescribed to improve pain and function. (c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework.” Based on the medical records, the patient has used high dose opioid analgesics for long time without documentation of pain and functional improvement. There is no documentation of compliance or the patient with her medications. Based on these findings, the prescription of Roxicodone 30mg #120 is not medically necessary.