

<b>Case Number:</b>	CM14-0129893		
<b>Date Assigned:</b>	08/20/2014	<b>Date of Injury:</b>	08/06/2011
<b>Decision Date:</b>	09/30/2014	<b>UR Denial Date:</b>	08/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/14/2014

### 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. The expert reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in Mississippi. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 records presented for review indicate that this 42-year-old gentleman was reportedly injured on August 16, 2011. The mechanism of injury is noted as repetitive work. The most recent progress note, dated June 9, 2014, indicates that there are ongoing complaints of upper extremity numbness and tingling. Surgical versus nonsurgical care was discussed. A prior note dated May 16, 2014, includes a physical examination which revealed no atrophy of the upper extremity muscles. There was pain in the ring and little finger with decreased strength. Diagnostic imaging studies were not reviewed during this visit. Previous treatment includes physical therapy, a right carpal tunnel release, right cubital tunnel release, the use of carpal tunnel gloves, a stellate ganglion block, use of a TENS unit, a spinal cord stimulator, psychotherapy, and cognitive behavioral therapy. A request had been made for OxyContin, Oxycodone, Valium and pharmacogenetic testing and was non-certified in the pre-authorization process on August 4, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**OxyContin 30mg, #90 with 0 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-82.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 75, 78, 92, 97.

**Decision rationale:** The California MTUS Guidelines support long-acting opiates in the management of chronic pain when continuous around-the-clock analgesia is needed for an extended period of time. Management of opiate medications should include the lowest possible dose to improve pain and function, as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The claimant suffers from chronic pain; however, there is no documentation of improvement in their pain level or function with the current treatment regimen. In the absence of subjective or objective clinical data, this request for OxyContin 30 mg is not medically necessary.

**Oxycodone 10mg, #15 with 0 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-82.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74, 78, 93.

**Decision rationale:** The California MTUS Guidelines support short-acting opiates for the short-term management of moderate to severe breakthrough pain. Management of opiate medications should include the lowest possible dose to improve pain and function, as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The claimant suffers from chronic pain; however, there is no clinical documentation of improvement in their pain or function with the current regimen. As such, this request for Oxycodone 10 mg is not medically necessary.

**Valium 10mg, #40 with 1 refill:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Benzodiazepines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

**Decision rationale:** Valium (Diazepam) is a benzodiazepine that is not recommended by the guidelines. It is commonly used for the treatment of anxiety disorders and panic disorders, and as a 2nd line agent for the treatment of acute, severe, muscle spasms. This medication, and all benzodiazepines, has a relatively high abuse potential. It is not recommended for long-term use because long-term efficacy is unproven. Tapering of this drug may take weeks to months. Most guidelines limit the use of this medication to 4 weeks. The recent progress notes do not indicate a diagnosis of anxiety or panic disorder. As such, this request for Valium 10 mg is not medically necessary.

**Pharmacogenetic Test:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 44.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43.

**Decision rationale:** It is unclear what exactly is requested with pharmacogenetic testing. If this testing is for a urine drug screen, the California MTUS guidelines support urine drug screening as an option to assess for the use or the presence of illegal drugs; or in patients with previous issues of abuse, addiction or poor pain control. This request requires additional justification and clarification, however given the lack of documentation of high risk behavior, previous abuse or misuse of medications, the request for pharmacogenetic testing is not medically necessary.