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| <b>Case Number:</b>   | CM14-0143004 |                              |            |
| <b>Date Assigned:</b> | 09/19/2014   | <b>Date of Injury:</b>       | 11/22/2006 |
| <b>Decision Date:</b> | 10/24/2014   | <b>UR Denial Date:</b>       | 08/27/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 09/03/2014 |

### 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 Anesthesiology and Pain Medicine and is licensed to practice in Florida. 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 injured worker is a 43-year-old female who reported an injury on 11/22/2006 due to an unknown mechanism. Diagnoses were cervical radiculopathy, cervical pain, elbow pain, shoulder pain, and carpal tunnel syndrome. Past surgeries were carpal tunnel surgery and right shoulder decompression. Physical examination on 07/31/2014 revealed the injured worker to be in moderate pain. Examination of the cervical spine revealed range of motion was restricted with flexion limited to 50 degrees, extension limited to 35 degrees, lateral rotation to the left was limited to 60 degrees, and lateral rotation to the right was limited to 55 degrees. Spurling's maneuver caused pain in the muscles of the neck but no radicular symptoms. Examination of the right shoulder revealed Hawkin's test was positive. Neer test was positive. Drop arm test was negative. Medications were fentanyl 25 mcg/hour patch 1 every 3 days, oxycodone 30 mg, Colace. Treatment plan was to continue medications as directed and request right elbow unloader brace. The rationale and Request for Authorization were not submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Fentanyl 25mcg/hr patch one q3days #10:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list Page(s): 93.

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

**Decision rationale:** The decision for fentanyl 25 mcg/hour patch 1 every 3 days quantity 10 is not medically necessary. The California Medical Treatment Utilization Schedule recommend that there should be documentation of the 4 A's for ongoing monitoring, including analgesia, activities of daily living, adverse side effects, and aberrant drug taking behavior. It further recommends that dosing of opioids not exceed 120 mg oral morphine equivalents per day and for injured workers taking more than 1 opioid, the morphine equivalent doses of the different opioids must be added together to determine the cumulative dose. There was no objective functional improvement reported. The 4 A's for ongoing monitoring of an opioid medication was not reported. The clinical information submitted for review does not provided evidence to justify continued use. Therefore, this request is not medically necessary.

**Oxycodone hcl 30 mg one q4-6 hrs prn #150:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list Opioids criteria for use Weaning of.

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

**Decision rationale:** The decision for oxycodone HCl 30 mg 1 every 4 to 6 hours as needed quantity 150 is not medically necessary. The California Medical Treatment Utilization Schedule recommend that there should be documentation of the 4 A's for ongoing monitoring, including analgesia, activities of daily living, adverse side effects, and aberrant drug taking behavior. It further recommends that dosing of opioids not exceed 120 mg oral morphine equivalents per day and for injured workers taking more than 1 opioid, the morphine equivalent doses of the different opioids must be added together to determine the cumulative dose. There was no objective documentation reported of functional improvement for the injured worker. The 4 A's for ongoing management was not reported. The clinical information submitted for review does not provided evidence to justify continued use. Therefore, this request is not medically necessary.