

<b>Case Number:</b>	CM14-0098259		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	04/04/2003
<b>Decision Date:</b>	10/15/2014	<b>UR Denial Date:</b>	06/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/26/2014

### 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 Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. 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 33-year-old male with an injury date of 04/04/03. Based on 06/05/14 progress report provided by the requesting provider, the patient complains of constant left arm pain. Patient describes wishing to amputate left thumb because it is extremely painful to bumps. Patient is prescribed Norco and Oxycontin, which help with his activities of daily living. Patient shows no signs of aberrant behavior. Treating physician recommends a trial of a dorsal column stimulator. Physician considers amputation at the level of elbow, if all else fails. According to the operative report dated 02/21/14, the patient underwent intravenous regional sympathetic block of left upper extremity, which relieved his pain for 5-6 days. Patient cannot move his wrist and has severe allodynia over his wrist/arm, protecting it with a sling. According to a progress report dated 01/16/14, the patient had regional sympathetic blocks on 11/07/12 and 11/21/12. Treating physician is concerned that if pain medications are not certified, the patient's pain level will escalate and he will commit suicide or try to self-amputate his arm. According to a progress report dated 02/21/14, the urinalysis sample from 06/25/09 was positive for Hydrocodone, Hydromorphone, Oxycodone, Oxymorphone, and Benzodiazepines. He is permanent and stationary since 8 years ago, per progress report dated 06/11/14. He has not taken Oxycontin since 06/08/14, and has increased his dosage of Norco. His diagnosis as of 06/05/14 was reflex sympathetic dystrophy. His diagnoses as of 02/21/14 were complex regional pain syndrome of the left upper extremity, depression, and severe intolerance to the TENS unit. The provider is requesting Oxycontin 20 mg. The utilization review determination being challenged is dated 06/18/14. The utilization reviewer states the request is "medically appropriate for the purpose of weaning ... partially certified with modification to Oxycontin 20mg #135."

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Oxycontin 20mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain Page(s): 60-61.

**Decision rationale:** Patient presents with severe left arm/wrist allodynia and wears a sling. The request is for Oxycontin 20mg. The injured worker's diagnoses include complex regional pain syndrome. He has been taking the requested medication since at least 06/25/09. According to the MTUS, pages 8-9, "When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." For chronic opiate use, the MTUS guidelines on page 78 require documentation of the four A's (Analgesia, ADL's, Adverse side effects, Adverse drug seeking behavior), and "pain assessment" that includes current pain level, average pain, least pain, time it takes for medication to be effective and duration of relief with medication. The MTUS guidelines on pages 88 and 89 also state: "Document pain and functional improvement and compare to baseline... Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." Per the progress report dated 01/16/14, treating physician is concerned that if pain medications are not certified, the patient's pain level will escalate and he will commit suicide or try to self-amputate his arm. In this case, while the physician provides a general statement that Oxycontin helps the patient complete activities of daily living (ADLs) and there are no signs of aberrant behavior, there are no numerical scales used to describe the patient's pain and function; the four A's are not specifically addressed, including discussions regarding specific ADLs, "pain assessment," etc. Given the lack of documentation as required by MTUS, the requested Oxycontin 20mg (of unlimited amount) is not medically necessary.