

<b>Case Number:</b>	CM15-0113083		
<b>Date Assigned:</b>	06/19/2015	<b>Date of Injury:</b>	03/19/1997
<b>Decision Date:</b>	07/22/2015	<b>UR Denial Date:</b>	06/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/11/2015

### 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, Alabama, 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 51 year old male, who sustained an industrial injury on 03/19/1997. He reported sustaining injury to the upper extremities secondary to stress from repetitive work activities. The injured worker was diagnosed as having status post surgery to the shoulders, status post right elbow surgery, status post lateral epicondylar release, status post multiple carpal tunnel releases, chronic pain and numbness to the bilateral ulnar distributions in the fingers, and chronic pain in the shoulders. Treatment and diagnostic studies to date has included status post multiple surgeries to the shoulders, right elbow, lateral epicondylar release, and multiple carpal tunnel releases, medication regimen, and use of braces. In a progress note dated 04/22/2015 the treating physician reports continuous pain to the bilateral upper extremities. The injured worker's hands are note to slightly functional secondary to significant muscle contractures and nerve injuries. Examination reveals shiny erythematous dry changes to the bilateral hands with multiple excoriations and cracking to the skin of the fingers. The injured worker's current medication regimen includes OxyContin, Dilaudid, Gabapentin, and multiple other medications for urinary retention, nausea, and constipation secondary to chronic narcotic use. The documentation provided did not indicate the injured worker's pain level as rated on a pain scale prior to use of his current medication regimen and after use of his current medication regimen to indicate the effects with the use of the injured worker's current medication regimen. Also, the documentation provided did not indicate if the injured worker experienced any functional improvement with use of his current medication regimen. The treating physician requested the medication OxyContin 20mg with no refill noting current use of this medication as noted above.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Oxycontin 20 mg refill, No NDC, No Refills, LAN:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 76-79.

**Decision rationale:** According to MTUS guidelines, Norco (Hydrocodone/Acetaminophen) is a synthetic opioid indicated for the pain management but not recommended as a first line oral analgesic. In addition and 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 opioid analgesics for long time without documentation of pain and functional improvement. There is no documentation of continuous compliance of patient with his medications. Therefore, the prescription of OxyContin 20mg is not medically necessary