

<b>Case Number:</b>	CM15-0098452		
<b>Date Assigned:</b>	05/29/2015	<b>Date of Injury:</b>	08/31/2007
<b>Decision Date:</b>	06/30/2015	<b>UR Denial Date:</b>	05/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/22/2015

### 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:

This 58 year old woman sustained an industrial injury on 8/31/2007 due to cumulative trauma. Evaluations include left hand x-rays dated 9/21/2007 and 3/22/2008, cervical spine MRIs dated 1/7/2008 and 3/21/2010, left shoulder MRI dated 5/8/2008, lumbar spine x-rays dated 10/21/2010, lumbar spine MRI dated 11/18/2010, and lumbosacral spine MRI dated 11/21/2010. Diagnoses include mixed cervicogenic and tension headaches, cervical spondylosis with aggravated osteoarthritis, bilateral hand osteoarthritis, bilateral knee anterior extensor dysfunction, aggravated osteoarthritis of the shoulder, lumbar spondylosis with aggravated osteoarthritis, bilateral shoulder impingement syndrome, bilateral shoulder partial rotator cuff tear, bilateral elbow pain, carpal tunnel syndrome, bilateral wrist osteoarthritis, bilateral upper extremity tenosynovitis, and chronic pain syndrome. Treatment has included oral medications, surgical interventions, and chiropractic treatment. Physician notes dated 2/7/2015 show complaints of pain in the neck rated 5-8/10, head rated 2-5/10, bilateral shoulders rated 8/10, bilateral wrists rated 5-8/10, bilateral hands rated 2-3/10, thoracic spine, lumbar spine rated 8/10, and bilateral knees rated 5/10. Recommendations include bilateral wrist and knee x-rays and functional capacity evaluation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Oxycodone 10mg #90: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use of opioids Page(s): 76-80.

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

**Decision rationale:** According to MTUS guidelines, Oxycodone as well as other short acting opioids are indicated for intermittent or breakthrough pain (page 75). It can be used in acute post operative pain. It is not recommended for chronic pain of long-term use as prescribed in this case. 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. 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." There is no clear documentation of functional improvement with previous use of the opioids. There is no documentation of significant pain improvement with previous use of opioids. There is no justification of continuous use of Oxycodone. Therefore, the prescription of Oxycodone 10 mg #90 is not medically necessary.

**Fluoxetine 40mg #30: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13-16.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Antidepressants for chronic pain. <http://www.worklossdatainstitute.verioiponly.com/odgtwc/pain.htm>.

**Decision rationale:** According to ODG guidelines, Tricyclics are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated. Fluoxetine is not a tricyclic antidepressant but a Selective serotonin reuptake inhibitor. It has been suggested that the main role of SSRIs may be in addressing psychological symptoms associated with chronic pain. There is no documentation that the patient failed tricyclic drugs or evidence of the efficacy of previous use of Fluoxetine. Therefore, the request for Fluoxetine 40mg #30 is not medically necessary.