

<b>Case Number:</b>	CM14-0027715		
<b>Date Assigned:</b>	06/13/2014	<b>Date of Injury:</b>	08/24/1999
<b>Decision Date:</b>	07/16/2014	<b>UR Denial Date:</b>	02/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/04/2014

### 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 Family Medicine, and is licensed to practice in Arizona. 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:

Patient is a 51 year old female with a date of injury on 8/24/99. Diagnoses include ulnar neuropathy, complex regional pain syndrome, post spinal cord stimulator implant, lumbar radiculopathy, and depression. Subjective complaints are of increased back and leg pains, rated 7-9/10. Physical exam shows cervical spasm, tenderness and decreased range of motion with allodynia over the upper extremities, and decreased left ulnar nerve distribution sensation. The lumbar area has tenderness, spasms, and allodynia over bilateral lower extremities. Medications include MS Contin 30 mg, and Tramadol 50mg. Patient also has home health care 22 hours per week, and is engaging in a home exercise program. Submitted documentation indicates that medications provided pain relief and increased ability to function. Consistent urine drug screening, risk assessment, and attempts at weaning were noted in the record.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MS CONTIN 30MG QUANTITY: 120:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 74-96.

**Decision rationale:** CA Chronic Pain Guidelines has specific recommendations for the ongoing management of opioid therapy. Clear evidence should be presented about the degree of analgesia, level of activity of daily living, adverse side effects, or aberrant drug taking behavior. For this patient, clear documentation shows stability on medication, increased functional ability, and no adverse side effects. Furthermore, documentation is presence of MTUS opioid compliance guidelines, including urine drug screening, risk assessment, and ongoing efficacy of medication. Therefore, the use of this medication is consistent with guidelines and is medically necessary for this patient.

**TRAMADOL 50MG QUANTITY: 240:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 93-94, and 113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 74-96.

**Decision rationale:** CA Chronic Pain Guidelines has specific recommendations for the ongoing management of opioid therapy. Clear evidence should be presented about the degree of analgesia, level of activity of daily living, adverse side effects, or aberrant drug taking behavior. For this patient, clear documentation shows stability on medication, increased functional ability, and no adverse side effects. Furthermore, documentation is presence of MTUS opioid compliance guidelines, including urine drug screening, risk assessment, and ongoing efficacy of medication. Therefore, the use of this medication is consistent with guidelines and is medically necessary for this patient.