

<b>Case Number:</b>	CM15-0132017		
<b>Date Assigned:</b>	07/20/2015	<b>Date of Injury:</b>	09/30/2003
<b>Decision Date:</b>	08/14/2015	<b>UR Denial Date:</b>	07/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/08/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 56 year old female, who sustained an industrial injury on 9/30/2003, resulting from a train crash. The injured worker was diagnosed as having chronic pain syndrome, pain in joint, lower leg, degeneration of cervical intervertebral disc, lumbar post-laminectomy syndrome, and thoracic or lumbosacral neuritis or radiculitis, unspecified. Treatment to date has included diagnostics, lumbar spinal surgery in 2009 and 8/2014, left shoulder surgery 1/26/2015, physical therapy, and medications. Urine toxicology (6/27/2015) was submitted (positive for Oxymorphone, Noroxycodone, Hydromorphone, Norhydrocodone, and Hydrocodone). Currently (6/27/2015), the injured worker complains of chronic pain in the low back with radiation to the lower extremities, neck pain with radiation to the left upper extremity, and left shoulder pain. Pain was rated 7/10 with medication use and 10/10 without. She was ambulatory with a cane and used a wheelchair for long distances. With medications, she was able to do light housework. Her medications included, but were not limited to, Fentanyl patch, Gabapentin, Oxycodone, Trazodone, and Zolpidem. Pain levels were consistent for several months. The treatment plan included continued current pain medication, noting current regimen controlled pain and was stable.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Oxycodone 30mg #210: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list Page(s): 91-93, 78-80 and 124.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, p76-80 (2) Opioids, dosing, p86 Page(s): 76-80, 86.

**Decision rationale:** The claimant has a remote history of a work-related injury and is being treated for chronic radiating neck and low back pain and left shoulder pain. When seen, medications were decreasing pain from 10/10 to 7/10. There had been improvement with gabapentin after the dose was increased. There was pain with cervical and lumbar range of motion. There was decreased lower extremity sensation and strength. There was an antalgic gait using a cane. She had trapezius, rhomboid, gluteal, iliolumbar, and lumbar paraspinal muscle tenderness. Medications being prescribed included Fentanyl and oxycodone at a total MED (morphine equivalent dose) of nearly 500 mg per day. Guidelines recommend against opioid dosing is in excess of 120 mg oral morphine equivalents per day. In this case, the total MED being prescribed is more than four times that recommended. Although the claimant has chronic pain and the use of opioid medication may be appropriate, there are no unique features of this case that would support dosing at this level. Ongoing prescribing at this dose is not medically necessary.

**Fentanyl patch 75mcg/hr #10: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, p76-80 (2) Opioids, dosing, p86 Page(s): 76-80, 86.

**Decision rationale:** The claimant has a remote history of a work-related injury and is being treated for chronic radiating neck and low back pain and left shoulder pain. When seen, medications were decreasing pain from 10/10 to 7/10. There had been improvement with gabapentin after the dose was increased. There was pain with cervical and lumbar range of motion. There was decreased lower extremity sensation and strength. There was an antalgic gait using a cane. She had trapezius, rhomboid, gluteal, iliolumbar, and lumbar paraspinal muscle tenderness. Medications being prescribed included Fentanyl and oxycodone at a total MED (morphine equivalent dose) of nearly 500 mg per day. Guidelines recommend against opioid dosing is in excess of 120 mg oral morphine equivalents per day. In this case, the total MED being prescribed is more than four times that recommended. Although the claimant has chronic pain and the use of opioid medication may be appropriate, there are no unique features of this case that would support dosing at this level. Ongoing prescribing at this dose is not medically necessary.

