

<b>Case Number:</b>	CM15-0144527		
<b>Date Assigned:</b>	08/05/2015	<b>Date of Injury:</b>	01/27/2000
<b>Decision Date:</b>	09/02/2015	<b>UR Denial Date:</b>	07/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/27/2015

### 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 49 year old female who sustained an industrial injury on 1-27-00. The mechanism of injury was unclear. She currently complains of constant, achy pain in the spine, head, shoulders and bilateral wrists. The pain in the neck was grinding; scapula pain was hot, shooting with spasms; pain radiates to the bilateral upper extremity, neck and head; she has migraine headaches. Her pain level was 6 out of 10. She had a fall in 2013. On physical exam there was decreased range of motion of shoulders, positive impingement on the right, bilateral positive Spurling's test. Medications were OxyContin, Norco, Topamax, Zofran, Duexis, Valium, Imitrex Soma and Restoril. The current doses of medication allow her to have increased mobility and function and allow her to perform activities of daily living. Diagnoses include reflex sympathetic dystrophy of the upper limb; rotator cuff syndrome shoulder; displacement of cervical intervertebral disc without myelopathy; unspecified disorders bursae and tendons shoulder region; depression. Treatments to date include bilateral wrist braces; medications. In the progress note dated 7-1-15 the treating provider's plan of care included a request for OxyContin 30 mg #60 as she has been complaint with medications per 7-1-15 note.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Oxycontin 30mg #60:** 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 in January 2000 and is being treated for spine, head, wrist, and shoulder pain. Medications are referenced as decreased pain and allowing for performance of some activities of daily living. When seen, pain was rated at 6/10. There was a normal BMI. There was an abnormal, asymmetric gait and abnormal coordination. There was decreased shoulder and cervical spine range of motion. Shoulder impingement testing and Spurling's testing was positive. There were multiple areas of muscle tenderness with trigger points. There were trophic changes of the right hand and an elbow contracture. There was decreased strength. Medications included OxyContin and Norco at a total MED (morphine equivalent dose) of 150 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 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.