

<b>Case Number:</b>	CM15-0183718		
<b>Date Assigned:</b>	09/24/2015	<b>Date of Injury:</b>	09/22/1997
<b>Decision Date:</b>	10/29/2015	<b>UR Denial Date:</b>	08/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/18/2015

### 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 52 year old female, who sustained an industrial injury on 9-22-1997. The medical records indicate that the injured worker is undergoing treatment for chronic pain, opioid dependence, brachial plexus lesions, and mononeuritis of unspecified site, cervicgia, and brachial neuritis-radiculitis. According to the progress report dated 8-12-2015, the injured worker presented with pain, rated 4-5 out of 10. The report did not document a detailed physical examination with objective findings. The current medications are Oxycontin. There is documentation of ongoing treatment with Oxycontin since at least 3-18-2015. Previous diagnostic studies were not noted. Treatments to date include medication management. Work status is described as permanent and stationary. The original utilization review (8-28-2015) partially approved a request for Oxycontin #42 (original request was for #180) to allow for continued weaning.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Oxycontin 20mg quantity 180:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids, dosing.

**Decision rationale:** The claimant sustained a work injury in September 1997 and continues to be treated for chronic pain. In April 2015, medications included Oxycontin and Actiq. She indicated that activities of daily living caused too much pain and that the 800 mg Actiq dose she was taking did not cover her pain. She had run out of medication early. In May 2015, physical examination findings included guarded and stiff movements with limited mobility. There was decreased strength and abnormal posture. Adson's testing was positive on the right side. She was continuing to request an increase in her Actiq dose. When seen in August 2015, she was in no acute distress. Pain was rated at 4-5/10. There was a normal mental status examination. Medications were refilled. Oxycontin and Actiq were prescribed. The Oxycontin MED (morphine equivalent dose) was 180 mg per day. Guidelines recommend against opioid dosing in excess of 120 mg oral morphine equivalents per day. In this case, the total MED being prescribed is more than 1.5 times that recommended. There are no unique features of this case that would support dosing at this level and there is no documentation that this medication is providing decreased pain, an increased level of function, or improved quality of life. Weaning of the currently prescribed medications is not being actively done. Ongoing prescribing at this dose is not considered medically necessary. Therefore, the request is not medically necessary.