

<b>Case Number:</b>	CM15-0202853		
<b>Date Assigned:</b>	10/19/2015	<b>Date of Injury:</b>	08/19/1999
<b>Decision Date:</b>	12/04/2015	<b>UR Denial Date:</b>	10/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/15/2015

### 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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational 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:

The injured worker is a 37 year old female, who sustained an industrial injury on 8-19-99. The injured worker was being treated for pain in limb, pain in joint involving hand, reflex sympathetic dystrophy of lower limb, reflex sympathetic dystrophy of upper limb, traumatic amputation of leg and pressure ulcer of ankle. On 8-13-15, the injured worker complains of bilateral upper extremity pain, bilateral lower extremity pain and total body pain. There is no documentation of pain relief or functional improvement with use of medications. She is temporarily totally disabled. Physical exam performed on 8-13-15 revealed healing stump ulcer and right heel blister and she does not appear sleepy as at her previous visit. Treatment to date has included below knee amputation of left knee, physical therapy, spinal cord stimulator implant, transvenous vagal stimulator implant, oral medications including Lyrica 50mg, Colace 100mg, Morphine ER 50mg and Oxycodone 20mg; and activity modifications. The treatment plan included continuation of current medications. On 10-26-15 request for Oxycodone 20mg #120 was modified to #108 by utilization review and Morphine ER 50mg #60 was modified to 49 by utilization review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Oxycodone 20mg, #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Weaning of Medications.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain, Opioids for neuropathic pain, Opioids for osteoarthritis, Opioids, long-term assessment.

**Decision rationale:** The injured worker sustained a work related injury on 8-19-99. The injured worker was being treated for pain in limb, pain in joint involving hand, reflex sympathetic dystrophy of lower limb, reflex sympathetic dystrophy of upper limb, and traumatic amputation of leg and pressure ulcer of ankle. The medical records provided for review do not indicate a medical necessity for Oxycodone 20mg, #120. The MTUS recommends the use of the lowest dose of opioids for the short term treatment of moderate to severe pain. The MTUS recommends monitoring pain and function using numerical scale when opioid is use for more than six months, and comparing this with baseline values. Also, the MTUS recommends that individuals on opioid maintenance treatment be monitored for analgesia (pain control), activities of daily living, adverse effects and aberrant behavior; the MTUS recommends discontinuation of opioid treatment if there is no documented evidence of overall improvement or if there is evidence of illegal activity or drug abuse or adverse effect with the opioid medication. The medical records indicate she has been using opioids at least since 10/2010, but with no overall improvement. The medical records do not indicate pain and function are being compared with baseline values every six months. The request is not medically necessary.

**Morphine ER (extended release) 50mg, #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Weaning of Medications.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids (Classification), Opioids, criteria for use, Opioids for chronic pain, Opioids for neuropathic pain, Opioids for osteoarthritis, Opioids, long-term assessment.

**Decision rationale:** The medical records provided for review do not indicate a medical necessity for Morphine ER (extended release) 50mg, #60. The MTUS recommends the use of the lowest dose of opioids for the short term treatment of moderate to severe pain. The MTUS recommends monitoring pain and function using numerical scale when opioid is use for more than six months, and comparing this with baseline values. Also, the MTUS recommends that individuals on opioid maintenance treatment be monitored for analgesia (pain control), activities of daily living, adverse effects and aberrant behavior; the MTUS recommends discontinuation of opioid treatment if there is no documented evidence of overall improvement or if there is evidence of illegal activity or drug abuse or adverse effect with the opioid medication. The medical records indicate she has been using opioids at least since 10/2010, but with no overall improvement. The medical records do not indicate pain and function are being compared with baseline values every six months. The request is not medically necessary.

