

<b>Case Number:</b>	CM15-0241161		
<b>Date Assigned:</b>	12/18/2015	<b>Date of Injury:</b>	04/12/2003
<b>Decision Date:</b>	01/25/2016	<b>UR Denial Date:</b>	11/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/10/2015

### 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: California

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 (IW) is a 65 year old male, who sustained an industrial injury on 4-12-2003. The injured worker is being treated for CRPS, chronic pain syndrome, cervical spondylosis, cervicgia, synovitis and tenosynovitis. Treatment to date has included medication management, physical therapy, acupuncture, cognitive behavioral therapy, TENS and spinal cord stimulator (SCS). Per the Primary Treating Physician's Progress Report dated 10-05-2015, the injured worker reported pain in his left wrist and hand, fingers of the left hand and right hand. He has been trying to wean to 3 Oxycodone per day. He was more sedentary as the IR does not last more than the 3 hours max. The trial wean left him non-functional. He uses the SCS all the time; however it is positional and only provides complete coverage when he is in a certain position. Oxycodone 10mg provides 40% relief for 2-3 hours and reduces pain to 2-3 out of 10. At this dose "he can finally be functional." MS ER 15mg alone reduces pain to 5-6 out of 10 with SCS on as well. Current medications include Lyrica, MS Contin, and Oxycodone, Lidoderm 5% patches, Docusate Sodium and Warfarin. Objective findings included. Work status was not documented at this visit. The plan of care included refill of medications and authorization was requested for MS ER 15mg #60. Per the Utilization Review letter dated 11-09-2015, MS ER 15mg #60 was non-certified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MS ER 15mg #60, 2 refills (med 90) (total med 120mg): Upheld**

**Claims Administrator guideline:** Decision based on MTUS General Approaches 2004, Section(s): General Approach to Initial Assessment and Documentation.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain, Weaning of Medications.

**Decision rationale:** The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. In this case, the injured worker is a 65 year old male, who sustained an industrial injury on 4-12-2003. He is diagnosed with CRPS, chronic pain syndrome, cervical spondylosis, cervicalgia, synovitis and tenosynovitis. Treatments to date have included medication management, physical therapy, acupuncture, cognitive behavioral therapy, TENS and spinal cord stimulator (SCS). He continues to have pain in his left wrist and hand, fingers of the left hand and right hand. He has been trying to wean to 3 Oxycodone per day. The trial wean left him non-functional. Oxycodone 10mg provides 40% relief for 2-3 hours and reduces pain to 2-3 out of 10. MS ER 15mg alone reduces pain to 5-6 out of 10. Current medications include Lyrica, MS Contin, and Oxycodone, Lidoderm 5% patches, Docusate Sodium and Warfarin. Although the MS ER does appear to help manage the injured worker's pain, there is no objective evidence of functional improvement. Additionally, this request for 2 refills does not allow for close follow-up to monitor efficacy, side effects, or aberrant behavior. The request for MS ER 15mg #60, 2 refills (med 90) (total med 120mg) is not medically necessary.