

<b>Case Number:</b>	CM15-0122987		
<b>Date Assigned:</b>	07/07/2015	<b>Date of Injury:</b>	02/14/2003
<b>Decision Date:</b>	07/31/2015	<b>UR Denial Date:</b>	06/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/25/2015

### 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 55-year-old male, who sustained an industrial injury on 2/14/2003. The injured worker was diagnosed as having non-allopathic lesions, cervical region, carpal tunnel syndrome, myalgia and myositis, unspecified and chronic pain syndrome. His past medical history included diabetes. Treatment to date has included diagnostics, multiple orthopedic surgeries of both upper extremities, physical therapy, bracing, acupuncture, chiropractic, transcutaneous electrical nerve stimulation unit, functional restoration program, and medications. Currently (6/09/2015), the injured worker complains of his thumb to finger approximation being very weak and not even being able to open a water bottle. He stated that he was "falling apart" and also reported elbow pain and bilateral shoulder pain. He reported sleeping 3 hours per night and napping 30-40 minutes per day. Pain was rated 7/10 with medications and 10/10 without. Average pain was rated 8-9/10. He was not working. The use of MS Contin and Oxycodone was noted for greater than one year. The treatment plan included the continued use of both medications. Pain levels appear mildly worsened from previous visits.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Oxycodone 15 mg Qty 120 with 2 refills: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

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

**Decision rationale:** The claimant has a remote history of a work injury occurring in February 2003. He is being treated for chronic pain including shoulder, elbow, and hand pain. Medications are referenced as decreasing pain from 10/10 to 7/10. Oxycodone and MS Contin are being prescribed at a total MED (morphine equivalent dose) of 135 mg per day. When seen, there was elbow sensitivity. 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. There are no unique features of this case that would support dosing at this level. The claimant continues to have moderate to severe pain and functional improvement is not documented. Ongoing prescribing of oxycodone is not medically necessary.

**MS (morphine sulfate) Contin 15 mg Qty 90 with 2 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, morphine sulfate.

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

**Decision rationale:** The claimant has a remote history of a work injury occurring in February 2003. He is being treated for chronic pain including shoulder, elbow, and hand pain. Medications are referenced as decreasing pain from 10/10 to 7/10. Oxycodone and MS Contin are being prescribed at a total MED (morphine equivalent dose) of 135 mg per day. When seen, there was elbow sensitivity. 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. There are no unique features of this case that would support dosing at this level. The claimant continues to have moderate to severe pain and functional improvement is not documented. Ongoing prescribing of MS Contin is not medically necessary.