

<b>Case Number:</b>	CM15-0124744		
<b>Date Assigned:</b>	07/09/2015	<b>Date of Injury:</b>	02/05/2004
<b>Decision Date:</b>	08/13/2015	<b>UR Denial Date:</b>	06/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/29/2015

### 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: Arizona, Michigan

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 47 year old female, who sustained an industrial injury on February 5, 2004. The injury occurred while performing her usual and customary duties. The injured worker was moving stacks of files and developed neck pain which radiated down the left upper extremity. The diagnoses have included De Quervain's tenosynovitis left wrist, complex regional pain syndrome left upper extremity, chronic pain syndrome and cervical post-laminectomy syndrome. Treatment and evaluation to date has included medications, radiological studies, MRI, electrodiagnostic studies, computed tomography scan myelogram, injections, physical therapy, psychiatric evaluation, left carpal tunnel release surgery and cervical spine surgery times two. The injured worker was not working. Current documentation dated June 1, 2015 notes that the injured worker reported neck pain which radiated down both arms. The pain was characterized as constant, sharp, aching and throbbing in nature and was rated a 5/10 on the visual analogue scale with medication. Associated symptoms included weakness and numbness of the left upper extremity. The injured worker also noted color and temperature changes in the left forearm and hand. Examination of the cervical spine revealed tenderness to palpation and range of motion was noted to be limited in all parameters. Examination of the left upper extremity revealed allodynia and hyperpathia to be present. There was tenderness to palpation over the upper extremity and the hand was cold to touch. The treating physician's plan of care included requests for Oxycodone 15 mg # 120 and Fentanyl patches 25 mcg/hr # 10.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Oxycodone 15mg #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

**Decision rationale:** The California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines discourages long term usage unless there is evidence of "ongoing review and documentation of pain relief, functional status and appropriate medication use and side effects. Pain assessment should include: current pain, the least reported pain over the period since last assessment, average pain, the intensity of pain after taking the opioid, how long it takes for pain relief and how long the pain relief lasts. Satisfactory response to treatment may be indicated by the injured worker's decreased pain level, increased level of function or improved quality of life." In addition, MTUS recommends that opioid dosing not exceed 120 mg oral morphine equivalents per day. For injured worker's taking more than one opioid, the morphine equivalent doses of the different opioids must be added together to determine the cumulative dose. The total daily dose of opioids should not exceed 120 mg oral morphine equivalents. In this case, the documentation did not note specific improvement in pain or objective improvement in function. In addition, the injured worker is currently receiving over the recommended 120 mg of morphine equivalent. Therefore, the request for Oxycodone is not medically necessary.

**Fentanyl Patches 25mcg/hr #10:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

**Decision rationale:** The California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines do not recommend this medication as a first line therapy. It is indicated in the management of chronic pain in injured workers who require continuous opioid analgesia for pain that cannot be managed by other means. Opioids are not recommended for long term use without evidence of functional improvement or pain reduction. The MTUS guidelines recommend that opioid dosing not exceed 120 mg oral morphine equivalents per day. For injured worker's taking more than one opioid, the morphine equivalent doses of the different opioids must be added together to determine the cumulative dose. The total daily dose of opioids should not exceed 120 mg oral morphine equivalents. In this case, there is lack of documentation of decreased pain levels and objective functional improvement with the medication. In addition, the injured worker is currently receiving over the recommended 120 mg of morphine equivalent. The request for Fentanyl patches is not medically necessary.

