

<b>Case Number:</b>	CM15-0127129		
<b>Date Assigned:</b>	07/13/2015	<b>Date of Injury:</b>	05/15/2008
<b>Decision Date:</b>	08/10/2015	<b>UR Denial Date:</b>	06/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/01/2015

### 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 48-year-old female who sustained an industrial injury on 5/15/2008 resulting in upper body and whole body pain. She was diagnosed with chronic pain syndrome; and, reflex sympathetic dystrophy of the upper extremity. Documented treatment has included medication, physical therapy, breast reduction, relaxation exercises, group therapy, hypnotherapy, biofeedback, listening to pain management CD's, and participation in a pain program. She has reported temporary improvement in pain levels, but continues to report upper and whole body pain. The treating physician's plan of care includes Oxycodone HCL and Fentanyl 25 mcg/hr transdermal patch. Her work status is not provided in documentation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Oxycodone HCL 10mg 1-2 tabs po q 4-6 hrs prn #112:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use; Weaning of Medications; Opioids, specific drug list Page(s): 76, 78, 124, 92.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, p76-80 (2) Opioids, dosing, p86 Page(s): 76-80, 86.

**Decision rationale:** The claimant sustained a work-related injury in May 2008 and continues to be treated for chronic widespread pain. Diagnoses include right upper extremity CRPS. Notes reference trying to decrease pain medication use. Medications are referenced as making her pain better. When seen, she was fatigued and frustrated. There was a mottled appearance of the skin of her upper extremities. Fentanyl and oxycodone were prescribed at a total MED (morphine equivalent dose) of 120 mg per day. Oxycodone is an immediate release short acting medication often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. Although there are no identified issues of abuse or addiction and the total MED is 120 mg per day, there is no documentation that this medication is providing decreased pain through reported VAS pain scores, increased level of function, or improved quality of life. Continued prescribing is not medically necessary. (1) Opioids, criteria for use, p76-80 (2) Opioids, dosing, p86.

**Fentanyl 25mcg/hr transdermal patch 72hr, apply 1 patch q 48hrs prn pain #10:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics; Opioids, specific drug list Page(s): 111, 93.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, p76-80 (2) Opioids, dosing, p86 Page(s): 76-80, 86.

**Decision rationale:** The claimant sustained a work-related injury in May 2008 and continues to be treated for chronic widespread pain. Diagnoses include right upper extremity CRPS. Notes reference trying to decrease pain medication use. Medications are referenced as making her pain better. When seen, she was fatigued and frustrated. There was a mottled appearance of the skin of her upper extremities. Fentanyl and oxycodone were prescribed at a total MED (morphine equivalent dose) of 120 mg per day. Fentanyl is a sustained release opioid used for treating baseline pain. In this case, it is being prescribed as part of the claimant's ongoing management. Although there are no identified issues of abuse or addiction and the total MED is 120 mg per day, there is no documentation that this medication is providing decreased pain through reported VAS pain scores, increased level of function, or improved quality of life. Continued prescribing is not medically necessary.