

<b>Case Number:</b>	CM15-0174329		
<b>Date Assigned:</b>	09/16/2015	<b>Date of Injury:</b>	01/06/1996
<b>Decision Date:</b>	10/16/2015	<b>UR Denial Date:</b>	08/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/03/2015

### 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 51 year old male, who sustained an industrial injury on January 6, 1996. He reported right knee and right hip pain. The injured worker was diagnosed as having chronic pain. Treatment to date has included diagnostic studies, steroid injection and medications. Currently, the injured worker continues to report right knee and hip pain. The injured worker reported an industrial injury in 1996, resulting in the above noted pain. He was without complete resolution of the pain. Evaluation on August 18, 2015 revealed continued pain as noted. It was noted he was ambulatory with a normal gait and had no noted instability of the right knee. The RFA included requests for MS Contin 15mg ER #60 and Oxycodone 30mg #180 and was non-certified on the utilization review (UR) on August 28, 2015.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MS Contin 15mg ER #60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

**Decision rationale:** The claimant has a remote history of a work injury in January 1996 and is being treated for right knee and hip pain. When seen, there had been improvement after injections. VAS pain score were not documented. Physical examination findings included a BMI of over 33. There were no documented other abnormal findings. A 90 day supply of MS Contin and oxycodone was prescribed at a total MED (morphine equivalent dose) of over 300 mg per day. 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 2.5 times that recommended. Additionally, although there are no identified issues of abuse or addiction, there is no documentation that this medication is currently providing decreased pain with reporting of VAS pain scores, an increased level of function, or improved quality of life. Continued prescribing of MS Contin at this dose was not medically necessary.

**Oxycodone 30mg #180:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, dosing, Opioids, criteria for use.

**Decision rationale:** The claimant has a remote history of a work injury in January 1996 and is being treated for right knee and hip pain. When seen, there had been improvement after injections. VAS pain score were not documented. Physical examination findings included a BMI of over 33. There were no documented other abnormal findings. A 90 day supply of MS Contin and oxycodone was prescribed at a total MED (morphine equivalent dose) of over 300 mg per day. 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 2.5 times that recommended. Additionally, although there are no identified issues of abuse or addiction, there is no documentation that this medication is currently providing decreased pain with reporting of VAS pain scores, an increased level of function, or improved quality of life. Continued prescribing of oxycodone at this dose was not medically necessary.