

<b>Case Number:</b>	CM15-0176454		
<b>Date Assigned:</b>	09/17/2015	<b>Date of Injury:</b>	01/24/2011
<b>Decision Date:</b>	10/20/2015	<b>UR Denial Date:</b>	08/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/08/2015

### 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: Family Practice

### 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 59 year old male, who sustained an industrial injury on January 21, 2011. The injured worker was being treated for right upper extremity complex regional pain syndrome type 1. Medical records (February 3, 2015 to July 6, 2015) indicate ongoing right hand pain with dysesthesias and ongoing swelling, sweating, pain to light touch of the median nerve distribution, a cold feeling, and color changes in the left hand. The medical records (February 3, 2015 to July 27, 2015) show an increase in the subjective pain rating 7 of 10 on February 3, 2015 to 8 out of 10 on July 27, 2015. On July 6, 2015, the treating physician noted that his pain medications take 15 minutes to begin working and last only 4 hours. Records also indicate increased pain, decreased functionality, he requires assistance with dressing and grooming, and he drops items due to pain. The physical exam (February 3, 2015 to July 27, 2015) reveals severe right hand swelling, significant loss of range of motion of the left wrist, 10 degrees of right thumb motion and 30 degrees of range of motion in the other digits at the proximal interphalangeal and distal interphalangeal joints, hyperesthesia, and weakness of the wrist and hand due to pain. There is left hand swelling, left grip weakness, a well-healed surgical scar, and left wrist and hand hyperesthesia and allodynia, particularly in the median nerve distribution. There is a resting tremor, particularly in the right hand. Per the treating physician (February 3, 2015 to July 27, 2015), a urine drug screen from January 9, 2015 did not show any suspicious results, a new narcotic contract had already been signed, and a risk assessment profile was completed at the first visit. The treating physician noted he was checking for aberrant behavior. Surgeries to date have included left carpal tunnel release in 2012, spinal cord stimulator implantation in 2012, and revision of spinal cord stimulator battery in 2012. Treatment has

included at least 19 sessions of physical therapy without much benefit, acupuncture without much benefit, stellate ganglion blocks, edema gloves with cut out fingers, and medications including short-acting pain (Oxycodone since at least May 2015), long-acting (MS Contin since at least February 2015), topical pain, antidepressant, and anti-epilepsy. Per the treating physician (July 27, 2015 report), the injured worker has not returned to work. The requested treatments included MS Contin 30 mg #60 and Oxycodone 15 mg #120. On August 6, 2015, the original utilization review partially approved a request for Oxycodone 15 mg #108 (original request for #120) and partially approved a request for MS Contin 30 mg #54 (original request for #60) to allow for progressive weaning below total morphine equivalent dose of 120.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**MS Contin 30 mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

**Decision rationale:** The MTUS/Chronic Pain Medical Treatment Guidelines comment on the long-term use of opioids, including MS Contin. These guidelines have established criteria of the use of opioids for the ongoing management of pain. Actions should include prescriptions from a single practitioner and from a single pharmacy. The lowest possible dose should be prescribed to improve pain and function. There should be an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. Pain assessment should include current pain, the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. There should be evidence of documentation of the "4 As for Ongoing Monitoring." These four domains include pain relief, side effects, physical and psychological functioning, and the occurrence of any potentially aberrant drug-related behaviors. Further, there should be consideration of a consultation with a multidisciplinary pain clinic if doses of opioids are required beyond what is usually required for the condition or pain that does not improve on opioids in 3 months. There should be consideration of an addiction medicine consult if there is evidence of substance misuse (Pages 76-78). Finally, the guidelines indicate that for chronic pain, the long-term efficacy of opioids is unclear. Failure to respond to a time-limited course of opioids has led to the suggestion of reassessment and consideration of alternative therapy (Page 80). Based on the review of the medical records, there is insufficient documentation in support of these stated MTUS/Chronic Pain Medical Treatment Guidelines for the ongoing use of opioids. There is insufficient documentation of the "4 As for Ongoing Monitoring." The treatment course of opioids in this patient has extended well beyond the timeframe required for a reassessment of therapy. Finally, the records indicate that the morphine equivalent dosing in this patient exceeds the above cited MTUS recommendations. In summary, there is insufficient documentation to support the current level of use of opioids in this patient. Continued treatment with MS Contin 30mg #60 is not medically necessary. In the Utilization

Review process, this request was modified to provide a lower dose of MS Contin to allow the total morphine equivalent dosing to be consistent with MTUS recommendations. This action is consistent with these guidelines.

**Oxycodone 15 mg #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain, Opioids, dosing, Opioids, long-term assessment.

**Decision rationale:** The MTUS/Chronic Pain Medical Treatment Guidelines comment on the long-term use of opioids, including Oxycodone. These guidelines have established criteria of the use of opioids for the ongoing management of pain. Actions should include prescriptions from a single practitioner and from a single pharmacy. The lowest possible dose should be prescribed to improve pain and function. There should be an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. Pain assessment should include current pain, the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. There should be evidence of documentation of the "4 As for Ongoing Monitoring." These four domains include pain relief, side effects, physical and psychological functioning, and the occurrence of any potentially aberrant drug-related behaviors. Further, there should be consideration of a consultation with a multidisciplinary pain clinic if doses of opioids are required beyond what is usually required for the condition or pain that does not improve on opioids in 3 months. There should be consideration of an addiction medicine consult if there is evidence of substance misuse (Pages 76-78). Finally, the guidelines indicate that for chronic pain, the long-term efficacy of opioids is unclear. Failure to respond to a time-limited course of opioids has led to the suggestion of reassessment and consideration of alternative therapy (Page 80). Based on the review of the medical records, there is insufficient documentation in support of these stated MTUS/Chronic Pain Medical Treatment Guidelines for the ongoing use of opioids. There is insufficient documentation of the "4 As for Ongoing Monitoring." The treatment course of opioids in this patient has extended well beyond the timeframe required for a reassessment of therapy. Finally, the records indicate that the morphine equivalent dosing in this patient exceeds the above cited MTUS recommendations. In summary, there is insufficient documentation to support the current level of use of opioids in this patient. In the Utilization Review process, the request for MS Contin was modified to allow the total morphine equivalent dosing to be consistent with MTUS recommendations. Oxycodone 15mg #120 is not medically necessary.

