

<b>Case Number:</b>	CM15-0099456		
<b>Date Assigned:</b>	06/01/2015	<b>Date of Injury:</b>	02/10/2012
<b>Decision Date:</b>	06/30/2015	<b>UR Denial Date:</b>	04/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/22/2015

### 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 43 year old female, who sustained an industrial injury on 2/10/2012. She reported injury from a motor vehicle accident. The injured worker was diagnosed as having bilateral carpal tunnel release, shoulder pain, neck pain, sacrum disorder and cervico-brachial syndrome. There is no record of a recent diagnostic study. Treatment to date has included physical therapy, functional restoration program and medication management. In progress notes dated 4/1/2015 and 4/15/2015, the injured worker complains of chronic bilateral wrist pain with numbness and tingling in her hands. The treating physician is requesting retrospective Flector 1.3% patch #60 with a date of service of 4/1/2015 and retrospective Morphine Sulfate ER 10 mg #60 with a date of service of 4/1/2015.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective Flector 1.3% patch #60 DOS: 4/1/2015: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (1) Medications for chronic pain, p 60 (2) Topical Analgesics, p 111-113 (3) NSAIDs, specific drug list & adverse effects, p 68-71. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 6, p 131-132.

**Decision rationale:** The claimant sustained a work injury in February 2012 and continues to be treated for bilateral wrist pain. When seen, she had completed treatment in a functional restoration program. She was having ongoing numbness, tingling, and pain in her hands. There were no abnormal physical examination findings. Medications being prescribed included nabumetone, Flector patch, and morphine sulfate ER at total MED (morphine equivalent dose) of 20 mg per day. Topical non-steroidal anti-inflammatory medication can be recommended for patients with chronic pain where the target tissue is located superficially in patients who either do not tolerate, or have relatively contraindications, for oral non-steroidal anti-inflammatory medications. In this case, nabumetone is also being prescribed. Prescribing two non-steroidal anti-inflammatory medications would be duplicative and is not medically necessary.

**Retrospective Morphine Sulfate Er 10 mg #60 DOS: 4/1/2015: Upheld**

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

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

**Decision rationale:** The claimant sustained a work injury in February 2012 and continues to be treated for bilateral wrist pain. When seen, she had completed treatment in a functional restoration program. She was having ongoing numbness, tingling, and pain in her hands. There were no abnormal physical examination findings. Medications being prescribed included nabumetone, Flector patch, and morphine sulfate ER at total MED (morphine equivalent dose) of 20 mg per day. Morphine Sulfate ER is a sustained release formulation and would be used to treat 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 (morphine equivalent dose) is less than 120 mg per day, there is no documentation that medications are providing decreased pain, increased level of function, or improved quality of life. Therefore, the continued prescribing of Morphine Sulfate ER was not medically necessary.