

<b>Case Number:</b>	CM13-0026682		
<b>Date Assigned:</b>	01/15/2014	<b>Date of Injury:</b>	04/25/2000
<b>Decision Date:</b>	03/27/2014	<b>UR Denial Date:</b>	09/12/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/20/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Texas. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 47-year-old female who reported an injury on 04/25/2000. The mechanism of injury was noted to be a cumulative trauma. The patient's medications were noted to be Norco 10/325 mg, Novolog, Lantus, Adderall, Lisinopril, Celexa, Pristiq 100 mg, urine drug screen, fentanyl pop, Xanax, and Norco; additionally, there was a request for bilateral spica splints. The patient's diagnoses were noted to include De Quervain's bilateral, right lateral epicondylitis, cervical radiculitis, paresthesias bilateral hands, myofascial pain bilateral traps and rhomboids, right stenosing tenosynovitis, abductor pollicis longus, bilateral lateral epicondylitis, and status post ligament release right thumb. The patient's pain was noted to be 7/10 to 8/10 and the patient was noted to be complaining of bilateral fingertip pain, hand pain, and pain up the bilateral extremities to the bilateral shoulders. It was indicated the patient would like to discuss adding additional pain medication to take in the morning. The patient was noted to wake numerous times during the night. The earliest documentation dated 12/18/2012 revealed the patient, on that date, was taking Norco, Xanax, and Pristiq.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**The request for Norco 10/325 mg #300:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing Management Page(s): 60,78.

**Decision rationale:** The California MTUS Guidelines recommend opiates for the treatment of chronic pain. There should be documentation of an objective increase in function, objective decrease in the VAS score, and evidence the patient is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review indicated the patient had a documented objective decrease in the VAS score, as well as evidence the patient was being monitored for aberrant drug behavior through urine drug screens. However, there was a lack of documentation indicating the patient had an objective increase in function with the medications. Given the above, the request for Norco 10/325 mg #300 is not medically necessary.

**The request for Xanax 1 mg #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

**Decision rationale:** The California MTUS Guidelines do not recommend benzodiazepines for long-term use and most guidelines limit the use to 4 weeks and there should be documentation of objective functional benefit to continue usage. The clinical documentation submitted for review indicated the earliest documentation of 12/18/2012 the patient was on the medication. There was a lack of documentation indicating objective functional improvement. Given the above, the request for Xanax 1 mg #90 is not medically necessary.

**The request for Fentanyl Pop 1000 mg #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Actiq Section Page(s): 12.

**Decision rationale:** Actiq® (fentanyl lollipop): not recommended for musculoskeletal pain. California MTUS Guidelines recommend opiates for the treatment of chronic pain. There should be documentation of an objective increase in function, objective decrease in the VAS score, and evidence the patient is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review indicated the patient had a documented objective decrease in the VAS score, as well as evidence the patient was being monitored for aberrant drug behavior through urine drug screens. An examination dated 08/05/2013 indicated that the patient was taking fentanyl lollipops for 6 to 7 years and taking 6 to 9 per day. The patient would need to a restorative dentist to repair the teeth that were bad. However, there was a lack of documentation indicating the patient had an objective increase in function with the medications. Given the above, the request for Fentanyl pop 1000 mg #30 is not medically necessary.

**The request for a urine drug screen:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing Management Page(s): 78.

**Decision rationale:** The California MTUS indicates that the use of urine drug screening is for patients with documented issues of abuse, addiction, or poor pain control. The clinical documentation submitted for review failed to provide a necessity for a urine drug screen. The patient had a previous urine drug screen that was consistent with the medications. There was a lack of documentation indicating the patient had documented issues of abuse, addiction, or poor pain control. Given the above, the request for a urine drug screen is not medically necessary.