

<b>Case Number:</b>	CM13-0046447		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	10/15/2006
<b>Decision Date:</b>	04/30/2014	<b>UR Denial Date:</b>	10/18/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/12/2013

### 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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/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:

This is a 48 year-old female patient s/p injury 10/15/06. The 9/17/13 progress note states that the patient has neuropathic pain in both hands. She has pain, hypersensitivity, aching and cramping. She wears gloves and has been treated with medication, activity modification, sympathetic ganglion blocks. Examination revealed difficulty making fists, stiffness in the small joints, skin mottled and shiny, and hypersensitivity. Diagnostic impression is complex regional pain syndrome. She is currently on Kadian, Lyrica, Pamelor, Prilosec, Xanax, and Percocet. Medications have been helpful. She has been on the same medication regimen for several years without increase. Random urine drug screens are consistent. The patient has a signed pain contract. There is a CURES report. The 11/14/13 progress note states that the pain medications help and provide functional gains by substantially increasing her ADLs and restorative sleep. The pain medications reduce her pain from a 9/10 to a 5/10. Kadian is for baseline pain, Percocet is available for breakthrough pain, and Xanax is used to address anxiety and stress. There is documentation of a 10/18/13 adverse determination.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Kadian 50mg, Tabs 90:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS  
Page(s): 79-81.

**Decision rationale:** The records indicate that the patient has been on the same medication regimen for several years. There is documentation of pain relief from a 9/10 to 5/10. There is evidence of functional benefit. The patient is appropriately monitored with urine drug screens and CURES reporting. There is no evidence of aberrant drug behavior. The patient is closely monitored. The request is medically necessary

**PERCOCET 10/325MG, TABS 90:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS  
Page(s): 79-81.

**Decision rationale:** The records indicate that the patient has been on the same medication regimen for several years. There is documentation of pain relief from a 9/10 to 5/10. There is evidence of functional benefit. The patient is appropriately monitored with urine drug screens and CURES reporting. There is no evidence of aberrant drug behavior. The request is medically necessary.

**Norco 10/325mg, Tabs 90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS,  
Page(s): 79-81.

**Decision rationale:** The records indicate that the patient has been on the same medication regimen for several years. There is documentation of pain relief from a 9/10 to 5/10. There is evidence of functional benefit. The patient is appropriately monitored with urine drug screens and CURES reporting. There is no evidence of aberrant drug behavior. However, there is no discussion as to why Percocet and Norco are being prescribed concurrently. The Percocet is addressed in the notes. However, the Norco is not, therefore, the request for Norco 10/325mg is not medically necessary.