

<b>Case Number:</b>	CM13-0060354		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	07/05/2011
<b>Decision Date:</b>	04/30/2014	<b>UR Denial Date:</b>	11/18/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/03/2013

### 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 & Rehabilitation, 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 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:

This 57 year-old female sustained an injury when she mis-stepped and fell on 7/5/11 while employed by [REDACTED]. Requests under consideration include HYDROCODONE 10/325 MG #120 and MS ER 15 MG, #90 WITH REFILL at each office visit every two months for 6 months. Report of 10/29/13 from the provider notes the patient with left foot pain and swelling. Pain level without medications was 8/10 and with medications was 5/10. Exam showed antalgic gait. The patient has a signed opiate contract with appropriate urine tox screens. Diagnoses include fractured foot; peripheral neuropathy; reflex sympathetic dystrophy of lower limb. Conservative care has included activity modification, medications, physical therapy, acupuncture, CBT, and lumbar sympathetic block. Requests above were modified on 11/18/13 for Hydrocodone 10/325 #120 refill x1 and MS ER 15 mg #90 refill x1 citing guidelines criteria and lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**HYDROCODONE 10/325 MG #120 WITH 1 REFILL AT EACH OFFICE VISIT EVERY TWO MONTHS FOR SIX (6) MONTHS:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management Page(s): 74-96.

**Decision rationale:** This employee sustained an injury when the employee mis-stepped and fell on 7/5/11 while employed by [REDACTED]. Requests under consideration include HYDROCODONE 10/325 MG #120 and MS ER 15 MG, #90 WITH REFILL at each office visit every two months for 6 months. Report of 10/29/13 from the provider notes the employee with left foot pain and swelling. Pain level without medications was 8/10 and with medications was 5/10. Exam showed antalgic gait. The employee has a signed opiate contract with appropriate urine tox screens. Diagnoses include fractured foot; peripheral neuropathy; reflex sympathetic dystrophy of lower limb. Conservative care has included activity modification, medications, physical therapy, acupuncture, CBT, and lumbar sympathetic block. Requests above were modified on 11/18/13 for Hydrocodone 10/325 #120 refill x1 and MS ER 15 mg #90 refill x1 citing guidelines criteria and lack of medical necessity. According to the MTUS Guidelines cited, opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated specific improvement in daily activities, decrease in medical utilization or change in work status. The MTUS Chronic Pain guidelines indicate when to continue Opioids, "(a) If the patient has returned to work or (b) If the patient has improved functioning and pain." Regarding when to discontinue opioids, the Guidelines indicate discontinuing, "If there is no overall improvement in function, unless there are extenuating circumstances." The MTUS guidelines provide requirements of the treating physician to assess and document for specific functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain for this July 2011 injury. HYDROCODONE 10/325 MG #120 WITH REFILL at each office visit every two months for 6 months is not medically necessary and appropriate.

**MS ER 15 MG, #90 WITH 1 REFILL AT EACH OFFICE VISIT EVERY TWO MONTHS FOR SIX (6) MONTHS:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Section Opioids, On-Going Management Page(s): 74-96.

**Decision rationale:** This employee sustained an injury when the employee mis-stepped and fell on 7/5/11 while employed by [REDACTED]. Requests under consideration include HYDROCODONE 10/325 MG #120 and MS ER 15 MG, #90 WITH REFILL at each office visit every two months for 6 months. Report of 10/29/13 from the provider notes the

employee with left foot pain and swelling. Pain level without medications was 8/10 and with medications was 5/10. Exam showed antalgic gait. The employee has a signed opiate contract with appropriate urine tox screens. Diagnoses include fractured foot; peripheral neuropathy; reflex sympathetic dystrophy of lower limb. Conservative care has included activity modification, medications, physical therapy, acupuncture, CBT, and lumbar sympathetic block. Requests above were modified on 11/18/13 for Hydrocodone 10/325 #120 refill x1 and MS ER 15 mg #90 refill x1 citing guidelines criteria and lack of medical necessity. According to the MTUS Guidelines cited, opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated specific improvement in daily activities, decrease in medical utilization or change in work status. The MTUS Chronic Pain guidelines indicate when to continue Opioids, "(a) If the patient has returned to work or (b) If the patient has improved functioning and pain." Regarding when to discontinue opioids, the Guidelines indicate discontinuing, "If there is no overall improvement in function, unless there are extenuating circumstances." The MTUS guidelines provide requirements of the treating physician to assess and document for specific functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain for this July 2011 injury. MS ER 15 MG, #90 WITH REFILL at each office visit every two months for 6 months is not medically necessary and appropriate.