

<b>Case Number:</b>	CM14-0000804		
<b>Date Assigned:</b>	03/03/2014	<b>Date of Injury:</b>	02/25/2003
<b>Decision Date:</b>	06/26/2014	<b>UR Denial Date:</b>	12/17/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/02/2014

### 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 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 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:

The patient is a [REDACTED] employee who has filed a claim for Complex Regional Pain Syndrome Type 1 associated with an industrial injury date of February 25, 2003. Thus far, the patient has been treated with opioids, gabapentin, home exercises, muscle relaxant, failed dorsal column stimulators implantation in the cervical and thoracic spine, Toradol injections, and C6-7 decompression with fusion, date unspecified. Current medications include Fentanyl 75mcg per hour patch, gabapentin 1200mg every 8 hours, occasional use of Zanaflex 4mg for myospasm, and Norco 10/325 every 6 hours as needed, providing 50-80% pain relief except during exacerbations. Review of progress notes indicates bilateral upper extremity pain, and that the effect of the medications is lost. Progress note, dated November 02, 2013, reports that patient accidentally hit the left elbow, causing increasing upper extremity shooting pain, worse on the left. Findings include decreased cervical range of motion, decreased strength of the left intrinsic hand muscles and triceps, moderate to severe allodynia on the left upper extremity with mild allodynia on the right, and patchy upper extremity sensory loss on the left upper extremity. Cervical MRI mentioned in January 2013 progress note showed disc herniation at C6-7 with approximately 50% canal narrowing with left greater than right foraminal stenosis and impingement probably at the C7 exiting nerve root. Utilization review dated December 16, 2013 indicates that the claims administrator denied a request for urine drug screen as two previous drug screens did not show aberrant medication use and patient's medications were frequently reviewed by the provider, and IM Toradol injection as patient does not present with acute pain. There is modified certification for Norco 10/325mg from #130 to #90 as patient's total calculated MED far exceeds the recommended maximum amount and thus tapering of one opioid is required, and for gabapentin 1200mg into #90.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**NORCO 10/325MG #130:** Upheld

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

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

**Decision rationale:** As noted on page 79-81 of the Chronic Pain Medical Treatment Guidelines, there is no support for ongoing opioid treatment unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Patient has been on this medication since at least January 2013. Progress notes indicate that patient is using this medication only for exacerbations. Patient is also on Fentanyl, and the total MED of patient's opioid regimen exceeds the maximum recommended dose and thus weaning of an opioid should be initiated. There is no recent documentation describing exacerbation of pain to necessitate additional supply of Norco. Therefore, the request for Norco 10/325mg, #130 was not medically necessary per the guideline recommendations of CA MTUS.

**GABAPENTIN 1200MG:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Page(s): 16-18.

**Decision rationale:** As stated on pages 16-18 in the CA MTUS Chronic Pain Medical Treatment Guidelines, gabapentin is useful for treating diabetic painful neuropathy and post herpetic neuralgia, and is considered first-line for neuropathic pain. Patient has been on this medication dosage from a 600mg thrice a day dosing since February 2013. Patient still experiences neuropathic pain and findings consistent with Chronic Pain Regional Syndrome of bilateral upper extremities. Although this medication is appropriate, the requested quantity is not specified. Therefore, the request for gabapentin 1200mg was not medically necessary per the guideline recommendations of CA MTUS.

**URINE DRUG SCREEN:** Upheld

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

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

**Decision rationale:** As stated on page 78 of the California MTUS Chronic Pain Medical Treatment Guidelines, urine drug screens are recommended as an option to assess order use or presence of illegal drugs and as ongoing management for continued opioid use. Patient has had two urine drug screens in 2013 with progress notes documenting proper medication use. There are no indications to suspect the patient of a high-risk behavior. There are no progress notes from 2014 documenting patient's medication regimen to warrant urine drug screens at this time. Therefore, the request for urine drug screen was not medically necessary per the guideline recommendations of CA MTUS.

**INTRAMUSCULAR TORADOL INJECTION:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Ketorolac (Toradol); Nsaids, Specific Drug List & Adverse Effects..

**Decision rationale:** The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, and ODG was used instead. ODG states that Toradol injection is recommended for moderately severe acute pain requiring analgesia at the opioid level. It is an option to corticosteroid injections, with up to three injections. When administered intramuscularly, may be used as an alternative to opioid therapy. Progress report submitted from November 02, 2013 indicated exacerbation of pain for which an IM Toradol injection was given. However, there is no documentation of recent exacerbations of pain. Furthermore, this was not utilized as an alternative for opioids since there is continuing chronic opiate therapy. The guideline criteria have not been met. Therefore, the request for intramuscular Toradol injection was not medically necessary per the guideline recommendations of ODG.