

<b>Case Number:</b>	CM14-0001845		
<b>Date Assigned:</b>	01/22/2014	<b>Date of Injury:</b>	03/20/2000
<b>Decision Date:</b>	06/12/2014	<b>UR Denial Date:</b>	12/05/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/06/2014

### 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 Orthopedic Surgery 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 claimant is a 56-year-old female was injured on March 20, 2000. The current medical problems include sympathetically mediated pain of the right upper extremity; status post right carpal tunnel release, first extensor compartment release, and ulnar nerve transposition; left carpal tunnel syndrome; impingement syndrome of the right shoulder; cervical sprain/strain syndrome with associated cervicogenic headaches; residual de Quervain's syndrome; spinal cord stimulation (SCS) and SCFS dual octrode implant October 9, 2008 with revision on April 26, 2012; lumbar disc ligamentous injury with bilateral lower extremity radiculopathy; lumbar facet arthropathy; status post left knee arthroscopy August 25, 2010 (nonindustrial). A urine drug screen, dated November 17, 2012 is documented as being positive for trazodone and hydrocodone. The clinical progress note from November 27, 2012 indicates that the claimant returns noting no significant relief from the Norco is required prior doses 4 tablets to 6-7 tablets daily which only provided minimal relief MS Contin 15 mg started at last visit which is been found to be effective in the claim is requesting trigger point injections. The physical examination reveals tenderness in the posterior cervical musculature and suboccipital region with multiple trigger points are tender to palpation. There is diminished cervical range of motion. Right shoulder range of motion is also diminished when compared; there is hypersensitivity and allodynia at the right thumb and 2nd digit, and a positive Tinel's and Finkelstein's test on the right. The lumbar spine is examined, but the clinician notes that this is nonindustrial. A subsequent clinic notes dated January 11, 2013 also document lack of relief from Norco and indicates a higher doses were being taken from the 4 prescribed tablets to 6-7 tablets daily with only minimal relief. MS Contin is documented as being increased from 15 to 30 mg. A urine drug screen dated November 16, 2013 is documented as showing inconsistent results with no evidence of the metabolites of trazodone, hydromorphone, morphine, or hydrocodone. The most

recent clinical progress note, dated November 12, 2013, documents the claimant is taking up to 8 tablets of Norco day, but weaned down to 6 tablets. The patient continued to take MS Contin 30 mg. The exam documents tenderness the posterior cervical musculature of the trigger points and diminished cervical range of motion. No palpable muscle spasm is documented. The right upper extremity demonstrates allodynia and hypersensitivity. Examination of the second digit showed diminished range of motion. There remains a positive Tinel's and Finkelstein's test on the right wrist. A qualitative urine drug screen is documented as being performed on this visit and being positive for opiates, but the clinician then goes on to say that the sample be sent for formal quantitative analysis which "will confirm negative results for opiates, OxyContin and soma. The clinician specifically states that the muscle relaxant is being prescribed for short-term use, but the same medication was prescribed on September 12, 2013 in the same quantity. The review in question was rendered on December 5, 2013. The reviewer recommended non-certified request for Norco, FexMid, MSContin, and Colace. The reviewer recommended partial certification for weaning of the Norco, FexMid, and MSContin. The denial of the 2 opiates was based on inconsistent findings on the most recent urine drug screen representing a potential diversion issue. The Colace was found to be medically necessary, but the request was modified to reflect the winning of the opiates.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **NORCO 10-325MG: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines OPIATES Page(s): 74-96.

**Decision rationale:** The MTUS notes that when there are signs or diversion, such as was found on the recent urine drug screen, a 30 day supply medication should be provided or the medication should be started slowing schedule. Based on the clinical documentation provided, there did appear to be evidence of diversion and the reviewer appropriately recommended modification the request to a slower taper. The request is considered not medically necessary.

#### **FEXMID 7.5MG: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXANTS Page(s): 63-66.

**Decision rationale:** The MTUS does not support chronic use of muscle relaxants. Based on the clinical documentation provided, this prescription was provided for at least 8 weeks of continuous use. As such, the request is not medically necessary.

**MSCONTIN 30MG:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines OPIATES  
Page(s): 74-96.

**Decision rationale:** The MTUS notes that when there are signs or diversion, such as was found on the recent urine drug screen, a 30 day supply medication should be provided or the medication should be started slowing schedule. Based on the clinical documentation provided, there did appear to be evidence of diversion and the reviewer appropriately recommended modification the request to a slower taper. The request is considered not medically necessary.

**COLACE 100MG:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines OPIATES  
Page(s): 74-96.

**Decision rationale:** The MTUS supports the use of stool softeners when an individual is taking opiate medications. The reviewer appropriately modified the request to reflect the tapering narcotic dose that was recommended. This request is considered not medically necessary.