

<b>Case Number:</b>	CM14-0111524		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	11/01/2005
<b>Decision Date:</b>	10/07/2014	<b>UR Denial Date:</b>	07/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/17/2014

### 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 Anesthesiology, has a subspecialty in Pain Management 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 injured worker is a 62 year old female injured on 11/01/05 when she sustained paper cut to the finger which was initially treated with first aid. The cut then became infected requiring a series of treatments including surgery to the first ray times four with involvement of the MCP joint times two and CMC joint times two. The injured worker had debridement and then additional surgery for correction. Third surgery was due to bone on bone residual and the fourth intervention was to increase mobility. The injured worker had increased pain and decreased mobility of the hand and shoulder over time. Diagnoses included left shoulder injury, chronic CRPS, left rotator cuff injury, and paper cut. Treatments included aqua therapy, bracing, therapeutic ball, TENS unit, desensitization, synthetic blocks, cognitive behavioral therapy physical therapy, surgical intervention, and medication management. Clinical note dated 06/13/14 indicated the injured worker presented for evaluation of chronic neck pain. The injured worker reported no basic change in function or pain levels with the use of medications. The injured worker minimized, did not seek early, with no apparent behavior reported. The injured worker reported Norco, Lyrica, and Exalgo really helped the pain. The injured worker reported she walked and performed water aerobics, utilized hand ball, had increased her gym/pool time and found that she dropped items less. The injured worker reported quite a bit of breakthrough pain with the use of Norco; however, Exalgo worked to decrease breakthrough spikes. The injured worker rated pain 8/10 without medications. Medications included Exalgo, Hydrocodone, Diphenhydramine, Lyrica, Lunesta, Tizanidine, and intermezzo. Treatment recommendations indicated home help two to three hours per day, paraffin dip for hands, and review of requested Clonidine. Prescriptions for Lyrica, Norco, and Exalgo provided. The initial request for Norco 10/325mg #360 and Exalgo 12mg #60 was non-certified on 07/11/14.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**NORCO 10/325MG #360:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids Page(s): 77.

**Decision rationale:** As noted in the Chronic Pain Medical Treatment Guidelines, patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is sufficient documentation regarding the functional benefits and functional improvement obtained with the continued use of narcotic medications. In addition, opioid risk assessments regarding possible dependence or diversion were also discussed. As the clinical documentation provided for review supports an appropriate evaluation for the continued use of narcotics as well as establishes the efficacy of narcotics, Norco 10/325MG #360 is recommended as medically necessary at this time.

**EXALGO 12MG #60:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for Chronic Pain Page(s): 80.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids Page(s): 77.

**Decision rationale:** As noted in the Chronic Pain Medical Treatment Guidelines, patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is sufficient documentation regarding the functional benefits and functional improvement obtained with the continued use of narcotic medications. In addition, opioid risk assessments regarding possible dependence or diversion were also discussed. As the clinical documentation provided for review supports an appropriate evaluation for the continued use of narcotics as well as establishes the efficacy of narcotics, Exalgo 12MG #60 is recommended as medically necessary at this time.