

<b>Case Number:</b>	CM14-0138518		
<b>Date Assigned:</b>	09/05/2014	<b>Date of Injury:</b>	12/20/2006
<b>Decision Date:</b>	11/14/2014	<b>UR Denial Date:</b>	08/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/27/2014

### 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 and 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:

This is a 61-year-old female with a date of injury of 12/20/06. Mechanism of injury appears to be cumulative/repetitive trauma. She has had extensive treatment, including therapy, acupuncture, multiple ESI and multiple surgeries. Surgeries have included carpal tunnel release x 3 on the right and one on the left. The patient also has history of two ulnar transpositions. The patient has diagnoses of CTS, ulnar neuropathy, cervical disc displacement, thoracic/lumbar disc displacement, radiculitis, RTC syndrome, myalgia/myositis, shoulder sprain/strain, neck sprain, and fibromyalgia. The patient is now under the care of a pain specialist, and she has long history of ongoing opioid use. There have been checks on CURES, UDS, and there is a signed opioid agreement. Opioid risk tool has been applied. There was a recent orthopedic consultation on 3/20/14, where the specialist states that ongoing bilateral upper extremity pain and paresthesias are of unclear etiology, and further surgery is not recommended. P & S is recommended by ortho. There has been considerable debate on ongoing use of opioids in this patient between the pain specialist, UR determinations and even prior IMR determinations. The Utilization Review decision in dispute was on 8/11/14, where the UR advisor recommended a one-month wean off of Hydrocodone/Acetaminophen, and recommended 60 tablets with no refills.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydrocodone/Acetaminophen 10/325mg, #60 with 2 refills: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use and Weaning of medications Page(s): 80, 1.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Detoxification, Weaning of Medications Page(s): 74-96, 42, 124.

**Decision rationale:** Guidelines do not support use of chronic opioid pain medications for non-malignant pain. Long-term efficacy of greater than 16 weeks is unclear. It does appear that this patient is monitored via UDS and a pain contract is in place. There is also CURES check and an opioid risk tool utilized. There is no clear evidence of efficacy, with use facilitating the ability to stay at work. The treating doctor disputes that opioids should be weaned. Chronic use, however, is not standard of care or guideline supported for non-malignant pain. I would completely agree with the prior UR and IMR determinations, in that an appropriate goal is to taper off opioid pain medications. That said, I would agree with the treating physician in his opinion that completely weaning off opioids in a one-month period is rather unrealistic in this patient with a long history of opioid use. Guidelines state that a slower taper consists of 10% every 2-4 weeks with 5% reductions once the dosage is 1/3 of the original dose. One month is not realistic to achieve this goal. This request is medically necessary, however, subsequent documentation from this provider must reflect the intent to wean off opioids. Medical necessity of Hydrocodone/Acetaminophen 10/325 #60 with refills x 2 is established.