

<b>Case Number:</b>	CM14-0171805		
<b>Date Assigned:</b>	10/23/2014	<b>Date of Injury:</b>	05/10/2010
<b>Decision Date:</b>	11/25/2014	<b>UR Denial Date:</b>	09/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/17/2014

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine, 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 50-year-old female with a date of injury of 05/10/2010. The listed diagnoses per [REDACTED] are: 1. CRPS, bilateral upper extremities. 2. Right arm, most symptomatic. According to progress report, 09/16/2014, the patient presents with continued upper extremity complaints. The patient rates her pain 6/10 with medications. The patient is currently taking Skelaxin, Norco, Neurontin, and utilizing BuTrans. This progress report is handwritten and partially illegible. Examination revealed tenderness in the right hand and grasp was noted as quite weak. Treater states the patient has cold hands and decreased edema, and still quite painful. The patient underwent a left stellate ganglion block on 03/04/2011 which was "of no help." The treater is requesting a refill of Norco 10/325 mg #240 and a trial of spinal cord stimulator. Utilization Review denied the request on 09/30/2014. Treatment reports from 05/29/2014 through 09/16/2014 were provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Trial of Spinal Cord Stimulator.:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Spinal cord stimulators (SCS).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
CHRONIC PAIN MEDICAL TREATMENT GUIDELINES: Spinal cord stimulators (SCS)  
Page(s): 105-107.

**Decision rationale:** This patient presents with CRPS of the upper extremities with continued pain and deficits. The treater is requesting a trial of spinal cord stimulator. Under spinal cord stimulation, the MTUS guidelines, page 107, states "recommended only for selected patients in cases when less invasive procedures have failed or contradicted for specific conditions following a successful temporary trial." Indications for stimulator implantation are failed back syndrome, CRPS, post-amputation pain, postherpetic neuralgia, spinal cord injury, dysesthesia, pain associated with multiple scoliosis, and peripheral vascular disease. In this case, the patient meets the criteria for a trial stimulator. Review of the reports do not provide evidence that psychological evaluation has been done. Without this clearance, spinal cord stimulation is not recommended. Recommendation is for denial.

**Norco 10/325mg #240:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Medications for chronic pain (MTUS,CRITERIA FOR USE OF OPIOIDS,CRITERIA FOR  
USE OF OPIOIDS Page(.

**Decision rationale:** This patient presents with CRPS of the upper extremities with continued pain and deficits. The treater is requesting a refill of Norco 10/325 mg #240. The MTUS Guidelines pages 88 and 89 state, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4 A's (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work, and duration of pain relief. Review of the medical file indicates the patient has been prescribed this medication since at least 05/29/2014. Progress report 08/05/2014, indicates that with medication pain is rated as 7/10 and 10/10 without medication. The treater states that the patient is "able to do ADLs with Rx." On 09/16/2014, the patient's pain was rated as 6-7/10. In this case, recommendation for further use of Norco cannot be supported as the treater does not discuss specific functional improvement or changes in ADLs as required by MTUS for continued opiate use. The treater does not provide discussions regarding possible adverse side effects and does not include urine drug screens for monitoring medications. Given the lack of sufficient documentation for opiate management, the patient should now slowly be weaned as outlined in MTUS Guidelines. Recommendation is for denial.