

Case Number:	CM14-0173173		
Date Assigned:	10/24/2014	Date of Injury:	05/25/1990
Decision Date:	12/15/2014	UR Denial Date:	10/09/2014
Priority:	Standard	Application Received:	10/20/2014

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 Internal Medicine and is licensed to practice in Maryland. 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 employee was a 62 year old male who sustained industrial injury on 05/25/1990. Surgical history was significant for right knee TKR in 2014. He had failed Neurontin which was discontinued due to sedation and GI upset. The visit note from 10/01/14 was reviewed. Subjective symptoms included left sided pelvic region, left sided groin pain, 4/10 and loss of motor control of lower extremities. The pain was pulsating, sharp, shooting, stabbing and throbbing with an average pain score of 5/10. He had difficulty transferring out of a chair, standing and balancing and was dependent upon others for ADLs. Oxycodone and Norco were associated with significant improvement and Zanaflex was also associated with moderate improvement. The patient was noted to be in the maintenance phase of opioid therapy and was noted to likely require long term opioid therapy for control of his non malignant pain. He was taking oxycodone 5mg QID and Norco 10/325 mg QID. He reported a 45 percent decrease in pain. He was taking oxycodone and Norco together as needed. Pain levels decreased from 6-7 to 3-4 with the medications. He was able to walk and start his PT, ADLs with the medications. He was noted to not have aberrant drug related behaviors. He had a UDT done in 2014. He was noted to get medications for 2 months at a time. He was disabled. He was wheelchair bound. Impression included complex regional pain syndrome type II of lower limb, chronic pain syndrome, reflex sympathetic dystrophy of lower extremity and mononeuritis of lower limb. He was given a refill for Norco 10/325mg every 6-8 hours orally (130) and Oxycodone 5 mg every 6-8 hours (130).

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #130: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78, 86.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, on-going management Page(s): 78.

Decision rationale: The employee was a 62 year old male who sustained industrial injury on 05/25/1990. Surgical history was significant for right knee TKR in 2014. He had failed Neurontin which was discontinued due to sedation and GI upset. The visit note from 10/01/14 was reviewed. Subjective symptoms included left sided pelvic region, left sided groin pain, 4/10 and loss of motor control of lower extremities. The pain was pulsating, sharp, shooting, stabbing and throbbing with an average pain score of 5/10. He had difficulty transferring out of a chair, standing and balancing and was dependent upon others for ADLs. Oxycodone and Norco were associated with significant improvement and Zanaflex was also associated with moderate improvement. The patient was noted to be in the maintenance phase of opioid therapy and was noted to likely require long term opioid therapy for control of his non malignant pain. He was taking oxycodone 5mg QID and Norco 10/325 mg QID. He reported a 45 percent decrease in pain. He was taking oxycodone and Norco together as needed. Pain levels decreased from 6-7 to 3-4 with the medications. He was able to walk and start his PT, ADLs with the medications. He was noted to not have aberrant drug related behaviors. He had a UDT done in 2014. He was noted to get medications for 2 months at a time. He was disabled. He was wheelchair bound. Impression included complex regional pain syndrome type II of lower limb, chronic pain syndrome, reflex sympathetic dystrophy of lower extremity and mononeuritis of lower limb. He was given a refill for Norco 10/325mg every 6-8 hours orally (130) and Oxycodone 5 mg every 6-8 hours (130). According to MTUS Chronic Pain Guidelines, four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on Opioids: pain relief, adverse effects, physical and psychosocial functioning and potential aberrant behaviors. The employee was being treated for complex regional pain syndrome of lower limb. He was noted to have improvement in pain and improvement in function with Norco four times a day and Oxycodone 4 times a day. He was not working. There was reportedly a recent UDS and there was no aberrant behavior noted. Given the clear documentation of improvement of pain and function with no notable side effects or misuse, ongoing use of Norco and Oxycodone for break through pain appear to be within the guideline recommendation. Even though he was using two different short acting opioids, the total dose was approximately 70 morphine equivalent dose per day which is well within the guideline recommendation of 80 MEDs. The request for Norco 10/325mg #130 for two prescriptions and Oxycodone 5mg #130 for two months is medically necessary and appropriate.

Norco 10/325mg #130 (not to be filled until 10/28/14): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78, 86.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, on-going management Page(s): 78, 87.

Decision rationale: The employee was a 62 year old male who sustained industrial injury on 05/25/1990. Surgical history was significant for right knee TKR in 2014. He had failed Neurontin which was discontinued due to sedation and GI upset. The visit note from 10/01/14 was reviewed. Subjective symptoms included left sided pelvic region, left sided groin pain, 4/10 and loss of motor control of lower extremities. The pain was pulsating, sharp, shooting, stabbing and throbbing with an average pain score of 5/10. He had difficulty transferring out of a chair, standing and balancing and was dependent upon others for ADLs. Oxycodone and Norco were associated with significant improvement and Zanaflex was also associated with moderate improvement. The patient was noted to be in the maintenance phase of opioid therapy and was noted to likely require long term opioid therapy for control of his non malignant pain. He was taking oxycodone 5mg QID and Norco 10/325 mg QID. He reported a 45 percent decrease in pain. He was taking oxycodone and Norco together as needed. Pain levels decreased from 6-7 to 3-4 with the medications. He was able to walk and start his PT, ADLs with the medications. He was noted to not have aberrant drug related behaviors. He had a UDT done in 2014. He was noted to get medications for 2 months at a time. He was disabled. He was wheelchair bound. Impression included complex regional pain syndrome type II of lower limb, chronic pain syndrome, reflex sympathetic dystrophy of lower extremity and mononeuritis of lower limb. He was given a refill for Norco 10/325mg every 6-8 hours orally (130) and Oxycodone 5 mg every 6-8 hours (130). According to MTUS Chronic Pain Guidelines, four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on Opioids: pain relief, adverse effects, physical and psychosocial functioning and potential aberrant behaviors. The employee was being treated for complex regional pain syndrome of lower limb. He was noted to have improvement in pain and improvement in function with Norco four times a day and Oxycodone 4 times a day. He was not working. There was reportedly a recent UDS and there was no aberrant behavior noted. Given the clear documentation of improvement of pain and function with no notable side effects or misuse, ongoing use of Norco and Oxycodone for break through pain appear to be within the guideline recommendation. Even though he was using two different short acting opioids, the total dose was approximately 70 morphine equivalent dose per day which is well within the guideline recommendation of 80 MEDs. The request for Norco 10/325mg #130 for two prescriptions and Oxycodone 5mg #130 for two months is medically necessary and appropriate.

Oxycodone 5mg #130: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78, 86.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, on-going management Page(s): 78, 87.

Decision rationale: The employee was a 62 year old male who sustained industrial injury on 05/25/1990. Surgical history was significant for right knee TKR in 2014. He had failed Neurontin which was discontinued due to sedation and GI upset. The visit note from 10/01/14

was reviewed. Subjective symptoms included left sided pelvic region, left sided groin pain, 4/10 and loss of motor control of lower extremities. The pain was pulsating, sharp, shooting, stabbing and throbbing with an average pain score of 5/10. He had difficulty transferring out of a chair, standing and balancing and was dependent upon others for ADLs. Oxycodone and Norco were associated with significant improvement and Zanaflex was also associated with moderate improvement. The patient was noted to be in the maintenance phase of opioid therapy and was noted to likely require long term opioid therapy for control of his non malignant pain. He was taking oxycodone 5mg QID and Norco 10/325 mg QID. He reported a 45 percent decrease in pain. He was taking oxycodone and Norco together as needed. Pain levels decreased from 6-7 to 3-4 with the medications. He was able to walk and start his PT, ADLs with the medications. He was noted to not have aberrant drug related behaviors. He had a UDT done in 2014. He was noted to get medications for 2 months at a time. He was disabled. He was wheelchair bound. Impression included complex regional pain syndrome type II of lower limb, chronic pain syndrome, reflex sympathetic dystrophy of lower extremity and mononeuritis of lower limb. He was given a refill for Norco 10/325mg every 6-8 hours orally (130) and Oxycodone 5 mg every 6-8 hours (130). According to MTUS Chronic Pain Guidelines, four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on Opioids: pain relief, adverse effects, physical and psychosocial functioning and potential aberrant behaviors. The employee was being treated for complex regional pain syndrome of lower limb. He was noted to have improvement in pain and improvement in function with Norco four times a day and Oxycodone 4 times a day. He was not working. There was reportedly a recent UDS and there was no aberrant behavior noted. Given the clear documentation of improvement of pain and function with no notable side effects or misuse, ongoing use of Norco and Oxycodone for break through pain appear to be within the guideline recommendation. Even though he was using two different short acting opioids, the total dose was approximately 70 morphine equivalent dose per day which is well within the guideline recommendation of 80 MEDs. The request for Norco 10/325mg #130 for two prescriptions and Oxycodone 5mg #130 for two months is medically necessary and appropriate.

Oxycodone 5mg #130 (not to be filled until 10/28/14): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78, 86.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-going management Page(s): 78, 87.

Decision rationale: The employee was a 62 year old male who sustained industrial injury on 05/25/1990. Surgical history was significant for right knee TKR in 2014. He had failed Neurontin which was discontinued due to sedation and GI upset. The visit note from 10/01/14 was reviewed. Subjective symptoms included left sided pelvic region, left sided groin pain, 4/10 and loss of motor control of lower extremities. The pain was pulsating, sharp, shooting, stabbing and throbbing with an average pain score of 5/10. He had difficulty transferring out of a chair, standing and balancing and was dependent upon others for ADLs. Oxycodone and Norco were associated with significant improvement and Zanaflex was also associated with moderate improvement. The patient was noted to be in the maintenance phase of opioid therapy and was

noted to likely require long term opioid therapy for control of his non malignant pain. He was taking oxycodone 5mg QID and Norco 10/325 mg QID. He reported a 45 percent decrease in pain. He was taking oxycodone and Norco together as needed. Pain levels decreased from 6-7 to 3-4 with the medications. He was able to walk and start his PT, ADLs with the medications. He was noted to not have aberrant drug related behaviors. He had a UDT done in 2014. He was noted to get medications for 2 months at a time. He was disabled. He was wheelchair bound. Impression included complex regional pain syndrome type II of lower limb, chronic pain syndrome, reflex sympathetic dystrophy of lower extremity and mononeuritis of lower limb. He was given a refill for Norco 10/325mg every 6-8 hours orally (130) and Oxycodone 5 mg every 6-8 hours (130). According to MTUS Chronic Pain Guidelines, four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on Opioids: pain relief, adverse effects, physical and psychosocial functioning and potential aberrant behaviors. The employee was being treated for complex regional pain syndrome of lower limb. He was noted to have improvement in pain and improvement in function with Norco four times a day and Oxycodone 4 times a day. He was not working. There was reportedly a recent UDS and there was no aberrant behavior noted. Given the clear documentation of improvement of pain and function with no notable side effects or misuse, ongoing use of Norco and Oxycodone for break through pain appear to be within the guideline recommendation. Even though he was using two different short acting opioids, the total dose was approximately 70 morphine equivalent dose per day which is well within the guideline recommendation of 80 MEDs. The request for Norco 10/325mg #130 for two prescriptions and Oxycodone 5mg #130 for two months is medically necessary and appropriate.