

<b>Case Number:</b>	CM14-0023709		
<b>Date Assigned:</b>	06/11/2014	<b>Date of Injury:</b>	07/12/2010
<b>Decision Date:</b>	07/15/2014	<b>UR Denial Date:</b>	02/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/25/2014

### 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 Occupational Medicine and is licensed to practice in Texas. 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 39 year old female injured on 07/12/10 due to an undisclosed mechanism of injury. Current diagnoses include complex regional pain syndrome of bilateral upper and lower extremities. Prior treatments include cervical spinal cord stimulator and pending lumbar paddle lead spinal cord stimulator for lumbar and bilateral lower extremity pains. The clinical note dated 12/12/13 indicates the injured worker presented status post cervical spinal cord stimulator implantation and 2 lead revisions to assist with mitigation of bilateral occipital headaches elicited during the use of her stimulator. Following the last cervical lead revision, the injured worker reported occipital pain did improve transiently; however, the pains have started to return when she turns her stimulator on for treatment of bilateral upper extremity pain. The injured worker reports severe 10/10 pain for the previous three days. The injured worker describes the pain as achy headache, bilateral facial burning, and occasional stabbing sensation in her ears. The injured worker also describes aching, burning, stabbing, and ripping pain throughout her bilateral upper and lower extremities as well as stabbing pain around the lower margin of her left spinal cord stimulator scar in the upper back. The injured worker was utilizing Levorphanol 2mg 1-2 tablets three times daily and reported pain relief in addition to Wellbutrin for mood control. Additional documentation indicates the injured worker underwent lumbar spinal cord stimulator placement with minimal pain relief documented. The initial request for Levorphanol 2mg 1-3 tablets three times daily, #270 per month was initially modified for weaning purposes on 02/27/13.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**LEVORPHANOL 2MG ONE-THREE TABS PO TID #270/MONTH:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Specific Drug List - Levorphanol.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use 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. It is apparent from that documentation that ongoing attempts to manage the injured worker's pain through non-narcotic means is on-going. During the initial phase of spinal cord placement and while programming is confirmed, the continued use of narcotics is necessary. The documentation indicates the injured worker's pain is managed with a single narcotic. As such, the request for Levorphanol 2mg one to three tablets three times daily #270/month is recommended as medically necessary with ongoing evaluation and intent to taper.