

<b>Case Number:</b>	CM14-0028117		
<b>Date Assigned:</b>	06/13/2014	<b>Date of Injury:</b>	06/28/2004
<b>Decision Date:</b>	07/17/2014	<b>UR Denial Date:</b>	02/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/05/2014

### 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 37-year old female with a date of injury of 6/28/04. The patient worked as a make-up artist, and had a mechanism of injury of boxes falling on her head and neck. She had initial complaints of headaches and cervical discomfort, but was subsequently diagnosed with multiple conditions, including CRPS, TOS, cubital tunnel syndrome, shoulder impingement, medial epicondylitis, myofascial pain, repetitive strain/overuse, migraine headaches, post-concussion syndrome and simple seizure disorder. She has had extensive prior treatment, including multiple meds, therapy, scalene block, stellate ganglion block, medial branch blocks, and RFA. RFA did provide with good relief. The patient was seen by a QME, who did recommend transfer of care of this patient to a pain specialist, for ongoing treatment of pain specialist with expertise in treating CRPS. The patient is currently under the care of pain specialist, who continues to treat this patient. Prior to the review decision in question, the patient was noted to be on Norco, but only on an as needed basis, Neurontin, Amitriptyline, Prilosec and topical compounds. Routine UDS is being done and a pain contract is in place. This was submitted to Utilization Review on 2/06/14. The reviewing physician recommended weaning of the Norco, and instead of certifying the request of 60 pills, he certified 30 to facilitate a wean.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**NORCO 5/325 MGS QTY 60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, OPIOIDS.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

**Decision rationale:** While guidelines do support use of opioid pain medications for severe acute pain and for pain control in the immediate post-operative period, they generally do not support use of chronic opioid pain medications for non-malignant pain. It does appear that this patient is monitored via UDS and a pain contract is in place. There is no clear evidence of efficacy, with use facilitating the ability to stay at work. This patient has now been on Norco for a long time, however, is only using it on an as needed basis. Continued use of a medication because a patient has developed iatrogenic dependency is not appropriate justification for use. Chronic use is not standard of care or guideline supported. This was submitted to Utilization Review, and rather than certifying 60 tablets, the reviewing physician certified only 30 to facilitate the process of weaning this medication. This was appropriate. While clearly this medication should be weaned, medical necessity for chronic use is not substantiated.