

<b>Case Number:</b>	CM14-0096389		
<b>Date Assigned:</b>	07/28/2014	<b>Date of Injury:</b>	01/12/2009
<b>Decision Date:</b>	09/29/2014	<b>UR Denial Date:</b>	06/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/24/2014

### 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 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic neck pain, shoulder pain, complex regional pain syndrome, and anxiety disorder reportedly associated with an industrial injury of November 12, 2009. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; opioid therapy; sleep aid; unspecified amounts of acupuncture; stellate ganglion blocks; and the apparent imposition of permanent work restrictions. In a Utilization Review Report dated June 30, 2014, the claims administrator retrospectively denied a request for Duragesic and Norco, reportedly dispensed on May 6, 2014. The applicant's attorney subsequently appealed. In a July 7, 2013 progress note, the applicant reported persistent complaints of pain, ranging from 6/10 with medications versus 9/10 without medications. The applicant was having considerable anxiety. The applicant was on Duragesic, Norco, Cymbalta, Colace, Ambien, and Flexeril, it was noted. The applicant remained tearful. Klonopin was endorsed for anxiety, while Norco, Ambien, and Colace were also renewed. The applicant was already permanent and stationary. The applicant did not appear to be working with permanent limitations in place. On December 31, 2013, the applicant was described as having considerable issues with anxiety along with neck pain radiating into left upper extremity. Duragesic, Norco, Cymbalta, Neurontin, Colace, Ambien, Flexeril, and Klonopin were all being employed. Lexapro was introduced. In a February 6, 2014 psychological consultation, the applicant was given a diagnosis of severe depression with resultant Global Assessment of Functioning (GAF) 52. On April 30, 2014, the applicant reported persistent complaints of pain, 8/10 without medications versus 6-7/10 with medications. The applicant had ongoing neck pain radiating into the arm, reportedly associated with reflex sympathetic dystrophy. The applicant was crying, tearful, and frustrated. Paresthesia was noted regarding the hand. The applicant was given refills of Duragesic, Neurontin, Colace, and

Ambien. The applicant stated that Lexapro and Flexeril had not been successful. The attending provider expressed some concern that the applicant's random urine drug screen was negative for all prescribed medications.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Duragesic patch 25mcg/hr #16 retroactive (5/6/14): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines no chapter cited Page(s): 44,47.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids Page(s): 80.

**Decision rationale:** The Expert Reviewer based his/her decision on the MTUS Chronic Pain Medical Treatment Guidelines, When to Continue Opioids, page 80. The Expert Reviewer's decision rationale: The request in question represents a renewal request. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy includes "evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same." In this case, however, the applicant is off of work. The applicant's reduction in pain levels from 8/10 to 6/10 with medication appears to be minimal to negligible and is outweighed by the applicant's failure to return to any form of work and the attending provider's failure to recount any tangible or material improvements in function or decrements in pain achieved as a result of ongoing Duragesic usage. Therefore, the request was not medically necessary.

**Norco 10/325mg #90 retroactive 5/6/14: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids topic; When to Discontinue Opioids Page(s): 80; 79.

**Decision rationale:** The Expert Reviewer based his/her decision on the MTUS Chronic Pain Medical Treatment Guidelines, When to Continue Opioids topic; When to Discontinue Opioids, pages 80; 79. The Expert Reviewer's decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy includes "evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same." In this case, however, the applicant is off of work. The applicant does not appear to be working with permanent limitations in place. The applicant's reduction in pain scores from 8/10 without medications to 6-7/10 with medications appears to be minimal to marginal at best and is seemingly outweighed by the applicant's failure to return to any form of work and the attending provider's failure to recount any tangible increments in function achieved as a result of the same. It is further noted that the applicant's negative urine

drug screening is also concerning, as suggested by the attending provider, and also suggests the presence of possible diversion, as suggested in the MTUS Chronic Pain Medical Treatment Guidelines. For all of the stated reasons, the request was not medically necessary.