

<b>Case Number:</b>	CM14-0180004		
<b>Date Assigned:</b>	11/04/2014	<b>Date of Injury:</b>	08/28/1988
<b>Decision Date:</b>	01/07/2015	<b>UR Denial Date:</b>	10/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/29/2014

### 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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Florida. 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 51 year old female who was injured on 8/28/1988. The diagnoses are headache, neck pain, status post lumbar laminectomy fusion cervicalgia and rheumatoid arthritis. There are associated diagnoses of fibromyalgia, insomnia, depression and anxiety disorder. The patient is also under the care of rheumatologist, [REDACTED]. The patient had completed PT and TENS unit use. She was approved for psychotherapy. On 10/1/2014, [REDACTED] noted that the patient complained of nausea after utilizing generic hydrocodone obtained with Medicare. The patient requested to be re-started on brand name Norco. The pain score was reported as 7-8/10 without medications but 4/10 with medications on a scale of 0 to 10. There were objective findings of tenderness along the cervical and lumbar spine with decreased range of motion and positive straight leg raising test. The patient had discontinued Wellbutrin, Lexapro and Effexor due to side effects. A previous attempt of weaning opioids in 2013 was unsuccessful. The UDS dated 4/14/2014 was reported as consistent. The medications are Duragesic patch and Norco for pain, Xanax and Ambien. A Utilization review was rendered on 10/17/2014 recommending non certification for Pain Consultation and modified certification for Norco 5/325mg #90 to #51.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pain management consultation:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 87-89. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter. Mental illness and Stress.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that patient can be referred for consultation with a specialist when the diagnoses is complex or when additional expertise is necessary and will be beneficial for the management of the patient. The records indicate that the patient had significant psychosomatic symptoms and co-existing rheumatoid arthritis and fibromyalgia. The patient had failed multiple psychiatric medications. There is no documentation of failure of anticonvulsant analgesics medications such as gabapentin or Lyrica that is also effective in the treatment of fibromyalgia and chronic pain syndrome. The criteria for Pain Management Consultation was met.

**Norco, ninety count:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that opioids can be utilized for the treatment of exacerbation of severe musculoskeletal pain that did not respond to standard treatment with NSAIDs and PT. The chronic use of opioids is associated with the development of tolerance, opioid induced hyperalgesia, sedation, addiction, dependency and adverse interaction with other sedatives. The records indicate that the patient is utilizing high dose opioid medications with multiple sedative medications from multiple providers. There are significant co-existing psychiatric and psychosomatic symptoms that can be managed with co-analgesic medications. The use of non- opioid co-analgesics will have opioid sparing leading to total opioid dose reduction and decreased incidence of adverse drug interactions. The criteria for Norco #90 was not met.