

<b>Case Number:</b>	CM14-0190388		
<b>Date Assigned:</b>	12/16/2014	<b>Date of Injury:</b>	07/22/2001
<b>Decision Date:</b>	01/16/2015	<b>UR Denial Date:</b>	11/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/14/2014

### 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, has a subspecialty in Hospice & Palliative Medicine and is licensed to practice in Pennsylvania. 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 woman (date of birth was not submitted) with a date of injury of 07/22/2001. The most recent records submitted for review was a treating physician note dated 05/27/2014. The submitted and reviewed documentation did not identify the mechanism of injury. The reviewed record indicated the worker was experiencing neck and arm pain. Pain intensity and function were reportedly improved with the use of opioid pain medications at that time. The documented examination described decreased motion in the right shoulder and neck joints. The submitted and reviewed documentation concluded the worker was suffering from chronic pain syndrome, right median and ulnar neuropathies, and left ulnar neuropathy. Treatment recommendations included oral pain medications and follow up care. A Utilization Review decision was rendered on 11/04/2014 recommending non-certification for 180 tablets of Norco (hydrocodone with acetaminophen) 10/325mg and thirty tablets of MS-Contin (morphine-ER) 15mg.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #180:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids; Weaning of Medications Page(s): 74-95; 124.

**Decision rationale:** Norco (hydrocodone with acetaminophen) is a combination medication in the opioid and pain reliever classes. The MTUS Guidelines stress the lowest possible dose of opioid medications should be prescribed to improve pain and function, and monitoring of outcomes over time should affect treatment decisions. The Guidelines recommend that the total opioid daily dose should be lower than 120mg oral morphine equivalents. Documentation of pain assessments should include the current pain intensity, the lowest intensity of pain since the last assessment, the average pain intensity, pain intensity after taking the opioid medication, the amount of time it takes to achieve pain relief after taking the opioid medication, and the length of time the pain relief lasts. Acceptable results include improved function, decreased pain, and/or improved quality of life. The MTUS Guidelines recommend opioids be continued when the worker has returned to work and if the worker has improved function and pain control. When these criteria are not met, a slow individualized taper of medication is recommended to avoid withdrawal symptoms. The most recent record submitted for review was a treating physician note dated approximately six months prior to the request for medication. While this note suggests the worker had improved pain intensity and function with the use of this medication at that time, there was no indication outcomes had continued to be monitored in a way suggested by the Guidelines. In the absence of such evidence, the current request for 180 tablets of Norco (hydrocodone with acetaminophen) 10/325mg is not medically necessary. Because of the risks involved with using this medication without consistent monitoring, the worker should be able to complete an appropriate wean with the medication already available.

**MS contin 15mg #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids; Weaning of Medications Page(s): 74-95; 124.

**Decision rationale:** MS-Contin (morphine-ER) is an opioid medication. The MTUS Guidelines stress the lowest possible dose of opioid medications should be prescribed to improve pain and function, and monitoring of outcomes over time should affect treatment decisions. The Guidelines recommend that the total opioid daily dose should be lower than 120mg oral morphine equivalents. Documentation of pain assessments should include the current pain intensity, the lowest intensity of pain since the last assessment, the average pain intensity, pain intensity after taking the opioid medication, the amount of time it takes to achieve pain relief after taking the opioid medication, and the length of time the pain relief lasts. Acceptable results include improved function, decreased pain, and/or improved quality of life. The MTUS Guidelines recommend opioids be continued when the worker has returned to work and if the worker has improved function and pain control. When these criteria are not met, a slow individualized taper of medication is recommended to avoid withdrawal symptoms. The most recent record submitted for review was a treating physician note dated approximately six months prior to the request for medication. While this note suggests the worker had improved pain

intensity and function with the use of this medication at that time, there was no indication outcomes had continued to be monitored in a way suggested by the Guidelines. In the absence of such evidence, the current request for thirty tablets of MS-Contin (morphine-ER) 15mg is not medically necessary. Because of the risks involved with using this medication without consistent monitoring, the worker should be able to complete an appropriate wean with the medication already available.