

<b>Case Number:</b>	CM14-0208184		
<b>Date Assigned:</b>	12/22/2014	<b>Date of Injury:</b>	04/24/2008
<b>Decision Date:</b>	02/12/2015	<b>UR Denial Date:</b>	11/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/12/2014

### 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 Rehab, has a subspecialty in Interventional Spine, 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 patient is a 58 year-old male with a 4/24/2008 date of injury. Current reports discuss neck and left shoulder pain. According to the 11/14/14 pain management report, the patient had complications after a shoulder surgery and presents with left-sided frozen shoulder and signs of cervical radiculopathy or CRPS in the left C5 distribution. He has benefited after a cervical ESI. He is reported to be stable with hydrocodone, 4 tablets/day. The Plan was for a TENS unit and to try levorphanol 2mg 3-tablets 3-times per day, to help the patient reduce use of hydrocodone, tramadol and tizanidine. The 5/23/14 pain management report states the physician is trying to find a way to eliminate the excessive utilization of multiple types of narcotic medications. At that time the patient was taking Norco 10/325mg up to 6/day Zanaflex 4mg prn; Butrans 5mcg; tramadol 50mg up to 6/day. The 6/25/14 pain management report requests a cervical epidural injection. And notes the patient still takes up to 6 tramadol 50mg per day and up to 6 Norco per day. The 7/25/14 report states the patient had the cervical ESI a week ago and pain was 9-10/10 but since the ESI it went down to 4-5/10. He is reported to have stopped the Cymbalta and Butrans and takes Norco 3/day and tramadol 50mg up to 4/day. The plan was to increase Norco to 4/day, and change the tramadol 50mg 4/day to tramadol 300 mg ER once per day. On 8/19/14, the physician still reports over 90% relief of pain from the epidural. Pain went from 10/10 to 3-4/10. The increase in Tramadol (Conzip) was again requested. On 9/26/14 the physician reports the patient being maintained on Norco 10/325mg 4/day, and tramadol 4/day. The physician apparently tried to get the patient back on Butrans, and states that Butrans and ConZip were not authorized. The physician recommends adding TENS and Exalgo. The 10/22/14 pain management report states 2 new medications were prescribed, Exalgo was listed, and the second medication is unknown.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **200 Tablets of Levorphanol 2mg:** 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, specific drug list, Levorphanol, CRITERIA FOR USE OF OPIOIDS Page(s): 92, 88-89.

**Decision rationale:** The patient has neck and left shoulder pain, suspected of being radiculopathy or CRPS in the C5 distribution. He was reported to have benefit with a cervical epidural injection in June or July 2014. The procedural report was not provided for review. The physician states the ESI helped with 90% of the pain and the patient discontinued Butrans patch and Cymbalta. The patient was taking up to 6 tablets of Norco and Tramadol 50mg per day before the injection and reduced this to 4 tablets of Norco and Tramadol 50mg per day. The physician has tried to increase the tramadol to 300mg ER 1/day, and restart Butrans patches; or try Exalgo, but they have been met with UR denials. The physician is asking for the addition of Levorphanol. MTUS, Opioids, specific drug list, page 92 for Levorphanol states: Levorphanol (Levo-Dromoran; generic available): 2mg tablets. Used for moderate to severe pain, when an opioid is appropriate for therapy MTUS Chronic Pain Medical Treatment Guidelines, page 88-89 CRITERIA FOR USE OF OPIOIDS for Long-term Users of Opioids (6-months or more) states: "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS states a "Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life" The MTUS guidelines state that Levorphanol is for moderate to severe pain. The guidelines also state for long-term users of opioids, that pain should be assessed each visit and functioning should be measured in 6-month intervals using a numeric scale or validated instrument. The available records do not provide a current assessment of pain. There is no indication that the patient has moderate to severe pain after the ESI in July 2014. There is no discussion of opioid efficacy. The reports just show that the ESI was beneficial by "overall reduction in his level of pain by about 90%" or "from a 10 down to a 3-4 on a scale of 0-10" (8/19/14 report) The MTUS reporting requirements for use of opioids has not been met. The request is not in accordance with MTUS guidelines. The request for 200 Tablets of Levorphanol 2mg IS NOT medically necessary.