

<b>Case Number:</b>	CM15-0134732		
<b>Date Assigned:</b>	07/23/2015	<b>Date of Injury:</b>	07/25/2006
<b>Decision Date:</b>	08/27/2015	<b>UR Denial Date:</b>	06/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/13/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Arizona, Michigan

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 54 year old male, who sustained an industrial injury on 7/25/2006. He reported left shoulder pain when trying to slide a credenza. The injured worker was diagnosed as having rotator cuff syndrome, and unspecified drug dependence. Treatment to date has included 4 left shoulder surgeries, medication, ice, heat, and physical therapy. The request is for Norco; Opana ER 5 mg, and Cymbalta; and Opana ER 20 mg. He is noted to have been utilizing Opana 20mg, Opana 5mg, Norco, and Cymbalta since at least February 2014, possibly longer. On 3/31/2015, he complained of continued left shoulder pain. He reported no new symptoms or changes. He has limited range of motion of the left shoulder. His pain level is noted as 9/10 without medications and 2/10 with medications. The treatment plan included: refills of Opana 20mg, Cymbalta, Opana 5mg and Norco, and continue home exercise program, consider physical therapy. A CURES report was consistent with prescriptions, liver function test was within normal limits, and a urine drug screen was consistent and no aberrant behavior. On 4/28/2015, he continued with left shoulder pain and no new symptoms. His pain level is noted as 9/10 without medications and 2/10 with medications. On 4/30/2015, he complained of left shoulder pain with radiation to the neck and back, and associated tingling. He rated the pain 8/10. He indicated his pain is alleviated with medications and therapy. His pain interferes with personal hygiene like bathing and dressing, it also interferes with climbing stairs. He reported experiencing depression, insomnia, anxiety and frustration. He indicated his symptoms to worsened by 20-50%, and pain alleviated by Norco. Current medications: Opana ER 20mg, Opana ER 5mg, Cymbalta, Norco, and Motrin. The treatment plan included: urine drug testing, temporary totally disabled work status. On 5/27/2015, he complained of left shoulder pain and

indicated it to be increased from his last visit. He was given refills on his medications. He signed an opioid agreement March 2015. His pain level is reported as 9/10 without medications and 2/10 with medications.

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

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

**Norco 10/325mg #90 with 11 refills: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-80.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (2009); Functional restoration approach to chronic pain management; Opioids Page(s): 1, 8-9, 74-95.

**Decision rationale:** Per the CA MTUS, Norco is a combination of Hydrocodone & Acetaminophen. Hydrocodone is considered a semi-synthetic opioid which is considered the most potent oral opioid that does not require special documentation in some states (not including California). The CA MTUS Chronic Pain Medical Treatment Guidelines state that Hydrocodone/Acetaminophen (Norco) is indicated for moderate to moderately severe pain. The guidelines note that there are no FDA-approved hydrocodone products for pain unless formulated as a combination. The guidelines state that the usual dose of 5/500mg is 1 or 2 tablets by mouth every four to six hours as needed for pain (Max 8 tablets/day). For higher doses of hydrocodone (>5mg/tab) and acetaminophen (>500mg/tab) the recommended dose is usually 1 tablet every four to six hours as needed for pain. The guidelines state that Hydrocodone has a recommended maximum dose of 60mg/24 hours and that the dose is limited by the dosage of acetaminophen, which should not exceed 4g/24 hours. The CA MTUS Chronic Pain Medical Treatment Guidelines indicates that management of opioid therapy should include ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. According to the CA MTUS all therapies must be focused on the goal of functional restoration rather than just the elimination of pain and assessment of treatment efficacy is accomplished by reporting functional improvement, with functional improvement being documented in reduction of pain, increased pain control, and improved quality of life. Functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management visit and a reduction in the dependency on continued medical treatment. A review of the injured workers medical records reveal that a CURES report was consistent with prescriptions, liver function test was within normal limits, a urine drug screen was consistent and there was no aberrant behavior. His pain level is noted as 9/10 without medications and 2/10 with medications. He appears to be doing well on his current regimen, therefore the request for Norco 10/325mg #90 with 11 refills is medically necessary.

**Opana ER 20mg #90 with 11 refills: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 86.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids; Functional restoration approach to chronic pain management; MTUS (2009) Page(s): 1, 8-9, 74-95.

**Decision rationale:** Per the CA MTUS, Opana (Oxymorphone) is not intended for as needed use. Patients are to avoid alcohol while on Opana ER due to increased (possibly fatal) plasma levels. The recommended opioid dosing should not exceed 120mg oral morphine equivalents per day, and for patients taking more than one opioid, the morphine equivalent doses of the different opioids must be added together to determine the cumulative dose. The CA MTUS Chronic Pain Medical Treatment Guidelines indicates that management of opioid therapy should include ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. According to the CA MTUS all therapies must be focused on the goal of functional restoration rather than just the elimination of pain and assessment of treatment efficacy is accomplished by reporting functional improvement, with functional improvement being documented in reduction of pain, increased pain control, and improved quality of life. Functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management visit; and a reduction in the dependency on continued medical treatment. A review of the injured workers medical records reveal that a CURES report was consistent with prescriptions, liver function test was within normal limits, a urine drug screen was consistent and there was no aberrant behavior. His pain level is noted as 9/10 without medications and 2/10 with medications. He appears to be doing well on his current regimen, therefore the request for Opana ER 20mg #90 with 11 refills is medically necessary.

**Cymbalta 60mg #30 with 11 refills: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti depressant (SNRIs) Page(s): 43-44.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (2009); Functional restoration approach to chronic pain management; Antidepressants for chronic pain Page(s): 13-16, 1, 8-9.

**Decision rationale:** Per the CA MTUS guidelines, Cymbalta (Duloxetine) is an antidepressant in the class called selective serotonin and norepinephrine reuptake inhibitors (SNRIs). The CA MTUS guidelines recommend antidepressants as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. Assessment of treatment efficacy should include not only

pain outcomes, but also an evaluation of function, changes in use of other analgesic medication, sleep quality and duration, and psychological assessment. The CA MTUS states that Duloxetine is FDA approved for anxiety, depression, diabetic neuropathy, and fibromyalgia. It is used off label for neuropathic pain and radiculopathy. The CA MTUS indicates there is not high quality evidence reported to support the use of Duloxetine for lumbar radiculopathy, and that more studies are needed to determine the efficacy of duloxetine for other types of neuropathic pain. According to the CA MTUS all therapies must be focused on the goal of functional restoration rather than just the elimination of pain and assessment of treatment efficacy is accomplished by reporting functional improvement, with functional improvement being documented in reduction of pain, increased pain control, and improved quality of life. Functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management visit,; and a reduction in the dependency on continued medical treatment. In this case, he does report having issues with chronic left shoulder pain with symptoms of radiating pain into the neck and back and associated numbness and tingling. The prescription indicates Cymbalta is for pain relief. A review of the injured workers medical records reveal that his pain level is 9/10 without medications and 2/10 with medications. He appears to be doing well on his current regimen, therefore the request for Cymbalta 60mg #30 with 11 refills is medically necessary.

**Opana ER 5mg #90 with 11 refills: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 86.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids; Functional restoration approach to chronic pain management; MTUS (2009) Page(s): 74-95, 1, 8-9.

**Decision rationale:** Per the CA MTUS, Opana (Oxymorphone) is not intended for as needed use. Patients are to avoid alcohol while on Opana ER due to increased (possibly fatal) plasma levels. The recommended opioid dosing should not exceed 120mg oral morphine equivalents per day, and for patients taking more than one opioid, the morphine equivalent doses of the different opioids must be added together to determine the cumulative dose. The CA MTUS Chronic Pain Medical Treatment Guidelines indicates that management of opioid therapy should include ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. According to the CA MTUS all therapies must be focused on the goal of functional restoration rather than just the elimination of pain and assessment of treatment efficacy is accomplished by reporting functional improvement, with functional improvement being documented in reduction of pain, increased pain control, and improved quality of life. Functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as

part of the evaluation and management visit and a reduction in the dependency on continued medical treatment. A review of the injured workers medical records reveal that a CURES report was consistent with prescriptions, liver function test was within normal limits, a urine drug screen was consistent and there was no aberrant behavior. His pain level is noted as 9/10 without medications and 2/10 with medications. He appears to be doing well on his current regimen, therefore the request for Opana ER 5mg #90 with 11 refills is medically necessary.