

<b>Case Number:</b>	CM15-0182241		
<b>Date Assigned:</b>	09/23/2015	<b>Date of Injury:</b>	04/11/1990
<b>Decision Date:</b>	11/23/2015	<b>UR Denial Date:</b>	09/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/16/2015

### 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: New York  
 Certification(s)/Specialty: Internal 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 62 year old male, who sustained an industrial injury on 4-11-90. The injured worker is undergoing treatment for upper left extremity reflex sympathetic dystrophy syndrome (RSD). Medical records dated 8-27-15 indicate the injured worker complains of left arm and hand pain. The treating physician indicates the injured worker "is buying his meds now. Medications are working well." "With medication he rates his pain about 5." A pain management note dated 1-23-15 indicates a plan lasting approximately 4 and ½ months to wean off pain medication. Physical exam dated 8-27-15 notes the left wrist is wrapped in a cloth, he is missing the fifth ray and has multiple scars on his hand and arm. There is hand and arm atrophy. Treatment to date has included Transcutaneous Electrical Nerve Stimulation (TENS) unit, ganglion blocks, 20 operations, physical therapy, sympathectomy and medication. The original utilization review dated 9-9-15 indicates the request for Oxycontin 40mg #150, Norco 10/325mg #120, clonazepam 2mg #120, quetiapine 25mg #30 and urine drug screen is non-certified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Oxycontin 40mg #150:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

**Decision rationale:** MTUS recommends that ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects must be documented with the use of Opioids. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Guidelines recommend using key factors such as pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors, to monitor chronic pain patients on opioids. Assessment for the likelihood that the patient could be weaned from opioids is recommended if there is no overall improvement in pain or function, unless there are extenuating circumstances and if there is continuing pain with the evidence of intolerable adverse effects. The injured worker complains of chronic left arm and hand pain. Documentation fails to demonstrate adequate objective improvement in pain, to support the medical necessity for continued use of opioids. In the absence of significant response to treatment, the request for Oxycontin 40mg #150 is not medically necessary.

**Norco 10/325mg #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

**Decision rationale:** MTUS recommends that ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects must be documented with the use of Opioids. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Guidelines recommend using key factors such as pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors, to monitor chronic pain patients on opioids. Assessment for the likelihood that the patient could be weaned from opioids is recommended if there is no overall improvement in pain or function, unless there are extenuating circumstances and if there is continuing pain with the evidence of intolerable adverse effects. The injured worker complains of chronic left arm and hand pain. Documentation fails to demonstrate adequate objective improvement in pain, to support the medical necessity for continued use of opioids. In the absence of significant response to treatment, the request for Norco 10/325mg #120 is not medically necessary.

**Clonazepam 2mg #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines.

**Decision rationale:** Clonazepam is a Benzodiazepine used in the treatment of Seizures and Panic disorder. Per MTUS, Benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Their use should be limited to 4 weeks. Documentation reveals that the injured worker has been prescribed this medication for a longer duration of time with no significant objective improvement in function. The request for Clonazepam 2mg #120 is not medically necessary by MTUS.

**Quetiapine 25mg #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antidepressants for chronic pain.

**Decision rationale:** MTUS states that antidepressants may be used as a first line option for neuropathic pain, but long-term effectiveness of these drugs has not been established. Quetiapine (Seroquel) is recommended in the acute treatment of bipolar I disorder, acute treatment of depressive episodes associated with bipolar disorder and as adjunctive therapy to antidepressants for the treatment of major depressive disorder. The injured worker is diagnosed with Generalized Anxiety Disorder, with no evidence of bipolar I disorder. Being that MTUS guidelines are not met, the request for Quetiapine 25mg #30 is not medically necessary.

**1 Urine drug screen:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, differentiation: dependence & addiction. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Opioids, Urine drug tests.

**Decision rationale:** MTUS recommends screening patients to differentiate between dependence and addiction to opioids. Frequency of urine drug testing should be based on documented evidence of risk stratification. Patients at low risk of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. Random collection is recommended. Quantitative urine drug testing is not recommended for verifying compliance without evidence of necessity. Documentation supports that the injured worker is at low risk of addiction or aberrant behavior and there is documentation of recent urine drug screen that is consistent with prescribed medications. Per guidelines, the injured worker should be tested yearly thereafter. Furthermore, being that ongoing use of opioid drugs is not recommended for this injured worker, urine drug testing is no longer indicated. The request for 1 Urine drug screen is not medically necessary per guidelines.

