

<b>Case Number:</b>	CM15-0027981		
<b>Date Assigned:</b>	02/25/2015	<b>Date of Injury:</b>	02/14/2006
<b>Decision Date:</b>	04/09/2015	<b>UR Denial Date:</b>	01/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/13/2015

### 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: California  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 57 year old female, who sustained an industrial injury on 2/14/08. The injured worker has complaints of right upper extremity pain and left elbow, wrist and shoulder pain. The diagnoses have included complex regional pain syndrome right upper extremity; history of carpal tunnel release on the right; history of cubital tunnel release and bilateral elbow, wrist and shoulder tendinosis. According to the utilization review performed on 1/29/15, the requested Butrans patch 20mcg, QTY: 4 has been modified to Butrans patch 20mcg, QTY: 3. The requested Neurontin 300mg, QTY: 60 has been modified to Neurontin 300mg, QTY: 48. The requested Norco 10/325mg, QTY: 120 has been modified to Norco 10/325mg, QTY: 96. The requested Percocet 5/325mg QTY: 15 has been modified to Percocet 5/325mg QTY: 12. California Medical Treatment Utilization Schedule (MTUS), 2009 Chronic Pain Medical Treatment Guidelines were used in the utilization review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Butrans patch 20mcg, QTY: 4: Upheld**  
**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Buprenorphine Page(s): 25.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

**Decision rationale:** The patient presents with chronic complaints of right upper extremity pain and left elbow, wrist and shoulder pain. Her diagnoses include complex regional pain syndrome right upper extremity. The current request is for BUTRANS PATCH 20 mcg QTY 4 an opioid. The RFA is not included. The patient is Temporarily Totally disabled. MTUS Guidelines pages 88 and 89 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 page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. The reports provided for review show the patient has been prescribed this medication and other opioids since at least 03/02/15. The treater states that this is a complex case and the patient has advanced CRPS. It is further stated that the patient's medication regimen of Butrans patch, Neurontin, Norco, and Percocet have been an effective regimen in controlling the patient's pain. However, the MTUS guidelines require much more thorough documentation of analgesia with before and after pain scales with opioid usage. Pain is not assessed through the use of pain scales or a validated instrument. The treater provides a specific list of ADLs that are hampered by pain and states that the patient's pain medication improves ADLs. The treater discusses lack of side effects and states there is no drug seeking behavior, the patient does not appear sedated and is compliant with medications. However, opiate management issues are not fully documented and no UDSs are provided for review or discussed. In this case, there is not sufficient evidence of analgesia and opiate management as required by the MTUS guidelines. The request IS NOT medically necessary.

**Neurontin 300mg, QTY: 60:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Antiepilepsy drugs (AEDs) Page(s): 16-22.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Antiepilepsy drugs (AEDs) Medications for chronic pain Page(s): 18-19, 60.

**Decision rationale:** The patient presents with chronic complaints of right upper extremity pain and left elbow, wrist and shoulder pain. Her diagnoses include complex regional pain syndrome right upper extremity. The current request is for NEURONTIN 300mg QTY: 60. The RFA is not included. The patient is Temporarily Totally disabled. MTUS has the following regarding Gabapentin (MTUS pg. 18, 19) Gabapentin (Neurontin, Gabarone, generic available) has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. MTUS Medications for chronic pain page 60 states that a record of pain and function. The reports provided for review show the patient has been prescribed this medication since at least 03/02/15. The treater states that the patient's medication of regimen of Neurontin, Butrans patch, Norco and Percocet has been effective in decreasing the patient pain and increasing function and ADLs. In this case, the

MTUS guidelines support use of Neurontin as a first line treatment of the patient's neuropathic pain. The request IS medically necessary.

**Norco 10/325mg, QTY: 120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80-81.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

**Decision rationale:** The patient presents with chronic complaints of right upper extremity pain and left elbow, wrist and shoulder pain. Her diagnoses include complex regional pain syndrome right upper extremity. The current request is for NORCO 10/325mg QYT: 120 Hydrocodone, an opioid. The RFA is not included. The patient is Temporarily Totally disabled. MTUS Guidelines pages 88 and 89 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 page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. The reports provided for review show the patient has been prescribed this medication and other opioids since at least 03/02/15. Norco is noted to be beneficial for breakthrough pain. The treater states that this is a complex case and the patient has advanced CRPS. It is further stated that the patient's medication regimen of Butrans patch, Neurontin, Norco, and Percocet have been an effective regimen in controlling the patient's pain. However, the MTUS guidelines require much more thorough documentation of analgesia with before and after pain scales with opioid usage. Pain is not assessed through the use of pain scales or a validated instrument. The treater provides a specific list of ADLs that are hampered by pain and states that the patient's pain medication improves ADLs. The treater discusses lack of side effects and states there is no drug seeking behavior, the patient does not appear sedated and is compliant with medications. However, opiate management issues are not fully documented and no UDSs are provided for review or discussed. In this case, there is not sufficient evidence of analgesia and opiate management as required by the MTUS guidelines. The request IS NOT medically necessary.

**Percocet 5/325mg QTY: 15:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80-81.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

**Decision rationale:** The patient presents with chronic complaints of right upper extremity pain and left elbow, wrist and shoulder pain. Her diagnoses include complex regional pain syndrome right upper extremity. The current request is for PERCOCET 5/325mg QYT: 15 Oxycodone an

opioid. The RFA is not included. The patient is Temporarily Totally disabled. MTUS Guidelines pages 88 and 89 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 page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. The reports provided for review show the patient has been prescribed this medication and other opioids since at least 03/02/15. Percocet is noted to be beneficial for severe breakthrough pain and is for occasional use. The treater states that this is a complex case and the patient has advanced CRPS. It is further stated that the patient's medication regimen of Butrans patch, Neurontin, Norco, and Percocet have been an effective regimen in controlling the patient's pain. However, the MTUS guidelines require much more thorough documentation of analgesia with before and after pain scales with opioid usage. Pain is not assessed through the use of pain scales or a validated instrument. The treater provides a specific list of ADLs that are hampered by pain and states that the patient's pain medication improves ADLs. The treater discusses lack of side effects and states there is no drug seeking behavior, the patient does not appear sedated and is compliant with medications. However, opiate management issues are not fully documented and no UDSs are provided for review or discussed. In this case, there is not sufficient evidence of analgesia and opiate management as required by the MTUS guidelines. The request IS NOT medically necessary.