

<b>Case Number:</b>	CM14-0142544		
<b>Date Assigned:</b>	09/10/2014	<b>Date of Injury:</b>	09/21/2011
<b>Decision Date:</b>	10/10/2014	<b>UR Denial Date:</b>	08/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/03/2014

### 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 Occupational Medicine 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:

This is a 63 year-old female who was injured on 9/21/11. The injury involved the right shoulder, neck and back, as well as right upper arm. The patient is not working. The disputed request is methadone 5 mg #60; Norco 10/325 mg #90 and TN2 cream quantity 1. This is requested an RFA- request for authorization- of 8/18/14. There is a report of the same date. A 12/18/13 pain management reevaluation indicated that the patient did not get a Butrans patch because it was not covered. Vicodin was not working as well. She would like to consider increasing the dose. Nucynta ER was not covered. The patient was changed to Norco 10/325, 3 times a day as needed for breakthrough pain #90. She was to continue Lyrica, Lunesta, Baclofen and she was to re-trial a Butrans 10 micrograms patch. There is no mention of use of any topical. Methadone was not mentioned. A 2/26/14 evaluation indicated patient was complaining of increasing pain traveling into the left arm. She continued to have right-sided pain radiating down the arm. The Butrans was not filled and Norco did not work well. She was continued however on the Norco 10/325 mg 1 po TID PRN breakthrough pain and was given #90. She was given a trial of methadone 5 mg one every 12 hours #60 was provided. 4/23/14 report indicated that the methadone was tried and it "helps some". She is using Norco only for breakthrough pain but there is no mention of the actual frequency of use. 6/23/14 report indicated patient was having flare-up of pain in the hands. The symptoms are spreading to the left side and skin color was changing and she was noting temperature changes. She has classic CRPS (complex regional pain syndrome) pain. Pain levels were 8/10 average. Norco was "helping" and she did not receive any in May. A physical examination consisted of the height, weight, pulse, respirations and blood pressure. It states that on exam she was sitting with ongoing neck pain right greater left arm pain to the hand with numbness and mild degree of cervical radiculopathy. Right shoulder range of motion is still limited and pain increases with attempt at range of motion and mild allodynia with temperature

and color differences between right and left. Diagnoses were right greater than left upper extremity CRPS I/II,+ SGB(stellate ganglion block) status post right shoulder surgical repair, cervicalgia with radicular pain symptoms to right upper extremity, myofascial pain/spasm, poor sleep hygiene. She was to continue with the methadone, the Norco, Lyrica, Lunesta was increased continue back pain and a trial of TN2 cream therapy. A cervical MRI was being recommended and aggressive treatment of her condition was recommended.

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

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

**Methadone 5mg, Qty 60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines When to discontinue Opioids Page(s): 79.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 79-81.

**Decision rationale:** At the time of this request, the patient had been using methadone since the end of February 2014, almost 6 months. During that time the patient had persistent ongoing pain complaints, she remained off of work, she was continued on multiple medications and in fact the dose of her sleeping pill was increased. There was no documentation of any objective functional improvement with use of the methadone, no progress towards returning to regular work, no description of any increased function or ability to use the right arm, no reduction in dependence on medical care. MTUS chronic pain guidelines do not support chronic opiate use or ongoing opiate use without documentation of objective functional benefit which was not demonstrated in the reports. Therefore, based upon the evidence and the guidelines, continued use is not considered to be medically necessary.

**Norco 10/325 mg Qty 90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines When to discontinue Opioids Page(s): 79.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 74-75, 79-81.

**Decision rationale:** Norco is one brand name for hydrocodone, an opiate combined with acetaminophen, an analgesic. It comes in a variety of doses. Hydrocodone is a short acting opioid analgesic. Use of this dose of this medication started on 12/13/13. Ongoing management of opiates per MTUS guidelines should include the lowest possible dose to improve pain and function. The reports do not mention of the actual daily frequency of use of the medication. However, despite continued use, there was no progress towards returning to regular work, no description of any increased function or ability to use the right arm, no reduction in dependence on medical care. Patient's pain complaints continue to escalate. MTUS guidelines state that opiates should be discontinued when there is no overall improvement in function which is not

documented in the reports. Thus, taking into consideration the evidence and the guidelines the continued use of the Norco is not medically necessary.

**TN2 cream Qty 1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines topicals Page(s): 111-113.

**Decision rationale:** The ingredients for TN2 cream Qty: 1 is not indicated in the reports provided. Internet search using Google and Google scholar did not find any listings consistent with the topical/transdermal medication by this name. Without any indication of what the ingredients are it is impossible to apply MTUS guidelines to determine the medical necessity. Therefore, based upon the evidence available and MTUS guidelines this is not considered to be medically necessary.