

<b>Case Number:</b>	CM15-0172862		
<b>Date Assigned:</b>	09/16/2015	<b>Date of Injury:</b>	03/16/2001
<b>Decision Date:</b>	10/16/2015	<b>UR Denial Date:</b>	08/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/02/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 43-year-old female, who sustained an industrial injury on 03-16-2001. The injured worker is currently not working, permanent, and stationary. Medical records indicated that the injured worker is undergoing treatment for extremity pain, reflex sympathetic dystrophy in upper limb, and hand pain. Treatment and diagnostics to date has included use of H-wave and medications. Current medications include Ibuprofen, Lidocaine ointment, Norco (since at least 03-12-2015), Opana ER (since at least 03-26-2015), Topamax, Claritin, and Flexeril. In a progress note dated 07-23-2015, the injured worker reported left upper extremity pain rated 8 out of 10 on the pain scale with medications and 9 out of 10 without medications. Objective findings included tenderness to palpation over right radial and ulnar side and restricted range of motion with pain to the left hand. The physician noted "Pt here in motorized scooter able to remain functional and perform adl's with aide of pain meds". The request for authorization dated 07-29-2015 requested Norco, Opana ER, Ibuprofen, and Topamax. The Utilization Review with a decision date of 08-05-2015 modified the request for Norco 10-325mg #180 and Opana ER 5mg #60 to Norco 10-325mg #165 (no refills) and Opana ER 5mg #45 (no refills) for weaning.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325 mg #180:** 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, criteria for use, Opioid hyperalgesia. Decision based on Non-MTUS Citation Farrar JT, Young JP, LaMoreaux L, Werth JL, Poole RM. Clinical importance of changes in chronic pain intensity measured on an 11-point numerical pain rating scale. Pain. 2001 Nov; 94 (2): 149-58.

**Decision rationale:** The claimant has a remote history of a work injury in March 2001 and is being treated for chronic upper extremity pain with a diagnosis of CRPS. Medications are referenced as decreasing pain from 9-10/10 to 7-8/10 and enabling the claimant to perform activities of daily living and remain functional. When seen, physical examination findings included appearing fatigued and in moderate pain. There was right wrist tenderness. The left hand was contracted with findings consistent with her diagnosis of CRPS. There was decreased sensation and decreased strength, limited by pain. There was positive left straight leg raising. There was widespread allodynia and hyperalgesia. She was using a motorized scooter. Opana ER and Norco were continued at a total MED (morphine equivalent dose) of 90 mg per day. Norco (hydrocodone/acetaminophen) is a short acting combination opioid often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. Although there are no identified issues of abuse or addiction and the total MED is less than 120 mg per day, there is no documentation that this medication is consistently providing a clinically significant decrease in pain. The claimant has a diagnosis of hyperalgesia and guidelines recommend consideration of a trial of opioid dose escalation, to see if pain and function improve. If pain improves, the diagnosis is probable tolerance. If pain does not improve or worsens, this may be evidence of opioid hyperalgesia and the opioid dose should be reduced or actually weaned. In this case, Norco was continued unchanged. Continued prescribing at this dose was not medically necessary. Farrar JT, Young JP, LaMoreaux L, Werth JL, Poole RM. Clinical importance of changes in chronic pain intensity measured on an 11-point numerical pain rating scale. Pain. 2001 Nov; 94 (2):149-58.

**Opana ER 5 mg #60:** 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, criteria for use, Opioid hyperalgesia. Decision based on Non-MTUS Citation Farrar JT, Young JP, LaMoreaux L, Werth JL, Poole RM. Clinical importance of changes in chronic pain intensity measured on an 11-point numerical pain rating scale. Pain. 2001 Nov; 94 (2):149-58.

**Decision rationale:** The claimant has a remote history of a work injury in March 2001 and is being treated for chronic upper extremity pain with a diagnosis of CRPS. Medications are

referenced as decreasing pain from 9-10/10 to 7-8/10 and enabling the claimant to perform activities of daily living and remain functional. When seen, physical examination findings included appearing fatigued and in moderate pain. There was right wrist tenderness. The left hand was contracted with findings consistent with her diagnosis of CRPS. There was decreased sensation and decreased strength, limited by pain. There was positive left straight leg raising. There was widespread allodynia and hyperalgesia. She was using a motorized scooter. Opana ER and Norco were continued at a total MED (morphine equivalent dose) of 90 mg per day. Opana ER (extended release oxycodone) is a sustained release opioid used for treating baseline pain. In this case, it is being prescribed as part of the claimant's ongoing management. Although there are no identified issues of abuse or addiction and the total MED is less than 120 mg per day, there is no documentation that this medication is consistently providing a clinically significant decrease in pain. The claimant has a diagnosis of hyperalgesia and guidelines recommend consideration of a trial of opioid dose escalation, to see if pain and function improve. If pain improves, the diagnosis is probable tolerance. If pain does not improve or worsens, this may be evidence of opioid hyperalgesia and the opioid dose should be reduced or actually weaned. In this case, Norco was continued unchanged. Continued prescribing at this dose was not medically necessary.