

Case Number:	CM15-0177719		
Date Assigned:	09/18/2015	Date of Injury:	11/30/2004
Decision Date:	10/21/2015	UR Denial Date:	08/12/2015
Priority:	Standard	Application Received:	09/10/2015

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 55-year-old female who sustained an industrial injury on November 30, 2004. Diagnoses have included right-sided extremity pain, right epicondylitis, migraine unspecified, and temporomandibular pain. Documented treatment includes physical therapy, acupuncture, partial attendance at a functional restoration program, and medication. Past Butrans patches were discontinued due to skin irritation, but according to the August 4, 2015 physician's note, she is presently being treated with Cymbalta, Lidoderm patch, Relpax, Dilaudid, Floricet Norco, Lexapro, Phenergan, Wellbutrin, Diazepam, and Ativan. Pain levels are reported to drop from 10 to 7 out of 10 when taking medication. The injured worker continues to present with pain in her right upper extremity and she says it is getting worse. She states with medication she is able to perform most activities of daily living with some assistance from her husband. She reports having poor sleep. Examination revealed range of motion of right wrist flexor 4 out of 5; right elbow extensor 4 out of 5; right shoulder abduction 4 out of 5; and right abductor digiti minimi at 3 out of 5. All were 5 out of 5 on her left side. Dysesthesias on the right forearm were present and she reported pain on the right upper extremity with light pressure. Her right lower arm and hand showed swelling. The treating physician's plan of care includes a request for authorization on August 4, 2015 for 90 count of Dilaudid 4 mg; 60 count of Floricet-cod 30-50-325-40 cap 50-325 40 30 mg; and, 90 count of Norco 10-325 mg. The request was modified to 45 counts Dilaudid, 30 counts Floricet, and 45 counts Norco for weaning on August 12, 2015. The injured worker is presently not working.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dilaudid 4 mg #90: Overturned

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, Opioids, dosing. 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.

Decision rationale: The claimant has a remote history of a work injury occurring in November 2004 and continues to be treated for chronic right upper extremity pain. Medications are consistently referenced as decreasing pain from 10/10 to 7/10. Medications are also referenced as allowing her to perform self-care activities with an increased activity level including playing with her grandchildren on a regular basis. When seen, she was requesting an increase in pain medications. There had been side effects of itching and swelling with Butrans and constipation when taking other long acting opioid medications. Physical examination findings included a body mass index of over 29. There was right lateral epicondyle and olecranon tenderness with positive Tinel's testing. There was right wrist tenderness. She had decreased right upper extremity strength with dysesthesias. Medications were refilled including Dilaudid and Norco at a total MED (morphine equivalent dose) of approximately 75 mg per day. Fioricet was being prescribed for headaches. Urine drug screening has been consistent with the prescribed medications. Guidelines indicate that when an injured worker has reached a permanent and stationary status or maximal medical improvement that does not mean that they are no longer entitled to future medical care. When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Dilaudid (hydromorphone) is an immediate release short acting medication often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management and medications are providing what is considered a clinically significant decreased level of pain with improved activity tolerance as well as an improved quality of life. There are no identified issues of abuse or addiction. The total MED is less than 120 mg per day consistent with guideline recommendations. Continued prescribing of Dilaudid was medically necessary.

Fioricet-cud 30-50-325-40 cap 50-325-40 30mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Barbiturate-containing analgesic agents.

Decision rationale: The claimant has a remote history of a work injury occurring in November 2004 and continues to be treated for chronic right upper extremity pain. Medications are consistently referenced as decreasing pain from 10/10 to 7/10. Medications are also referenced as allowing her to perform self-care activities with an increased activity level including playing with her grandchildren on a regular basis. When seen, she was requesting an increase in pain medications. There had been side effects of itching and swelling with Butrans and constipation when taking other long acting opioid medications. Physical examination findings included a body mass index of over 29. There was right lateral epicondyle and olecranon tenderness with positive Tinel's testing. There was right wrist tenderness. She had decreased right upper extremity strength with dysesthesias. Medications were refilled including Dilaudid and Norco at a total MED (morphine equivalent dose) of approximately 75 mg per day. Fioricet was being prescribed for headaches. Urine drug screening has been consistent with the prescribed medications. In terms of the claimant's headaches, these are not adequately described in terms of the location, character, frequency, or duration. Classification of her headaches cannot be determined. Barbiturate-containing analgesic agents such as Fioricet are not recommended for chronic pain. The Beers criteria for inappropriate medication use include barbiturates. There is a high potential for drug dependence and no evidence to show a clinically important increased analgesic efficacy due to the barbiturate constituents. There is a risk of medication overuse as well as rebound headache. Additionally, in this case, classifying the claimant's headaches would be expected to identify appropriate alternative treatments and preventative measures. Ongoing prescribing of Fioricet is not medically necessary.

Norco 10/325mg #90: Overturned

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, Opioids, dosing. 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 occurring in November 2004 and continues to be treated for chronic right upper extremity pain. Medications are consistently referenced as decreasing pain from 10/10 to 7/10. Medications are also referenced as allowing her to perform self-care activities with an increased activity level including playing with her grandchildren on a regular basis. When seen, she was requesting an increase in pain medications. There had been side effects of itching and swelling with Butrans and constipation when taking other long acting opioid medications. Physical examination findings included a body mass index of over 29. There was right lateral epicondyle and olecranon tenderness with positive Tinel's testing. There was right wrist tenderness. She had decreased right upper extremity strength with dysesthesias. Medications were refilled including Dilaudid and Norco at a total MED (morphine equivalent dose) of approximately 75 mg per day. Fioricet was being prescribed for headaches. Urine drug screening has been consistent with the prescribed medications. Guidelines indicate that when an injured worker has reached a permanent and

stationary status or maximal medical improvement that does not mean that they are no longer entitled to future medical care. When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. 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 and medications are providing what is considered a clinically significant decreased level of pain with improved activity tolerance as well as an improved quality of life. There are no identified issues of abuse or addiction. The total MED is less than 120 mg per day consistent with guideline recommendations. Continued prescribing of Norco was medically necessary.