

<b>Case Number:</b>	CM15-0077221		
<b>Date Assigned:</b>	04/28/2015	<b>Date of Injury:</b>	05/29/2003
<b>Decision Date:</b>	05/26/2015	<b>UR Denial Date:</b>	03/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/22/2015

### 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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 52-year-old female, who sustained an industrial injury on 05/29/2003. The injured worker is currently diagnosed as having chronic regional pain syndrome, chronic pain, and glenoid labrum tear. Treatment and diagnostics to date has included medications. In a progress note dated 03/10/2015, the injured worker presented with right upper extremity complaints. The treating physician reported requesting authorization for Hydrocodone/Acetaminophen and Metaxalone.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydrocodone 10mg - Acetaminophen 325mg #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Short-acting Opioids Page(s): 78.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CRPS, medications and Opioids for chronic pain Page(s): 37-38 and 80.

**Decision rationale:** Hydrocodone 10mg - Acetaminophen 325mg #120 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that the use of antidepressants, anticonvulsants, and opioids has been primarily extrapolated based on use for other neuropathic pain disorders. Opioids have been suggested for neuropathic pain that has not responded to first-line recommendations (antidepressants, anticonvulsants). There are no trials of long-term use. The documentation indicates that the patient has CRPS. The MTUS states that opioids are not first line for this condition and there are no long term use trials to support opioids for long term neuropathic pain. There is no evidence that opioids are being prescribed according to the MTUS, which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract. The documentation does not reveal an objective urine drug screen for review. Satisfactory response to opiate treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The MTUS does not support ongoing opioid use without improvement in function or pain. The documentation indicates that the patient participated in 2 weeks of a functional restoration program but had to stop due to increased pain. The documentation does not reveal evidence of improved function on opioids. The request for continued opioid use is not medically necessary.

**Metaxalone 800mg #90 times two refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) and Metaxalone Page(s): 63 and 65.

**Decision rationale:** Metaxalone 800mg #90 times two refills are not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that Metaxalone is muscle relaxants (for pain). The MTUS recommends non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. The documentation does not indicate that the patient is having an acute exacerbation of pain. The patient has chronic pain and this medication is not indicated for long-term use. The request for Metaxalone with 2 refills is not medically necessary.