

<b>Case Number:</b>	CM15-0096431		
<b>Date Assigned:</b>	05/26/2015	<b>Date of Injury:</b>	12/27/1999
<b>Decision Date:</b>	07/10/2015	<b>UR Denial Date:</b>	05/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/19/2015

### 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: Texas, Florida

Certification(s)/Specialty: Anesthesiology, 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 45 year old female, who sustained an industrial injury on 12/27/1999. The injured worker was diagnosed as having status post right carpal tunnel release, electronegative carpal tunnel syndrome on the left, right shoulder sprain/strain with tendonitis and impingement, left shoulder sprain/strain with tendonitis and impingement, cervical disc herniation with radiculitis/radiculopathy, hypertension, status post gallbladder surgery, and ganglion cyst removal of the dorsal aspect of the left foot. Treatments and diagnostic studies to date has included magnetic resonance imaging of the cervical spine, electromyogram with nerve conduction study of the bilateral upper extremities, ultrasound-guided steroid injection, physical therapy, chiropractic therapy, medication regimen, and above listed procedure. In a progress note dated 03/30/2015 the treating physician reports complaints of pain to the bilateral shoulders, right elbow, right wrist and hand, neck, and upper back. The neck pain is noted to radiate to the bilateral upper extremities. Examination reveals restricted range of motion, a positive foraminal compression test, a positive Spurling's test, and spasms and tightness to the trapezius, sternocleidomastoid, and strap muscles bilaterally. The injured worker's current medication regimen as of 03/30/2015 includes Ativan, Soma, Lidoderm Patches, OxyContin, and Norco. The medications listed on 2014 also included Neurontin, Flexeril, meloxicam and Xanax. Documentation from 03/02/2015 noted that the injured worker's pain level was a 7 to 8 out of 10 with the visual analog scale, but the documentation provided did not indicate the injured worker's pain level as rated on a pain scale prior to use of her current medication regimen and after use of her current medication to indicate the effects with the use of the injured worker's medication regimen. Also, the documentation from this date noted that the injured worker's

medication regimen assisted with her ability to function, but the documentation provided did not include the specific effects of the injured worker's functional improvement with use of her current medication regimen. The treating physician requested the medications of Norco 10/325mg with a quantity of 120 and Oxycontin 60mg with a quantity of 90 noting current use of these medications as indicated above.

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

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

**Norco 10/325mg #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Weaning of Medications Page(s): 76-80, 91, 124.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 42-43, 74-96, 124. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Opioids.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that opioids can be utilized for the treatment of severe musculoskeletal pain when conservative treatments with NSAIDs, co-analgesics and PT have failed. The chronic use of high dose opioids can be associated with the development of tolerance, opioid induced hyperalgesia, dependency, addiction, sedation and adverse interaction with other sedative medications. The records did not show that treatments with NSAIDs and non-opioid co-analgesic medications have failed. There is no documentation of guidelines mandated compliance monitoring of serial UDS, CURES data reports, absence of aberrant behavior and functional restoration. The guidelines recommend that chronic pain patients with significant psychosomatic symptoms be treated with co-analgesic anti-convulsant and antidepressant medications but the records did not show that these opioid sparing co-analgesics are currently being utilized. The criteria for the use of Norco 10/325mg #120 was not met. It is recommended that chronic pain patients with significant psychosomatic disorders who are utilizing high dose opioids be referred to Pain Programs or Addiction centers for safe weaning. The request is not medically necessary.

**Oxycontin 60mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Weaning of Medications Page(s): 76-80, 91, 124.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 42-43, 74-96, 124. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Opioids.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that opioids can be utilized for the treatment of severe musculoskeletal pain when conservative treatments with NSAIDs, co-analgesics and PT have failed. The chronic use of high dose opioids can be

associated with the development of tolerance, opioid induced hyperalgesia, dependency, addiction, sedation and adverse interaction with other sedative medications. The records did not show that treatments with NSAIDs and non-opioid co-analgesic medications have failed. There is no documentation of guidelines mandated compliance monitoring of serial UDS, CURES data reports, absence of aberrant behavior and functional restoration. The patient is utilizing high dose opioids with multiple sedative medications concurrently. The guidelines recommend that chronic pain patients with significant psychosomatic symptoms be treated with co-analgesic anti-convulsant and antidepressant medications but the records did not show that these opioid sparing co-analgesics are currently being utilized. The criteria for the use of Oxycontin 60mg #90 was not met. It is recommended that chronic pain patients with significant psychosomatic disorders who are utilizing high dose opioids be referred to Pain Programs or Addiction centers for safe weaning. The request is not medically necessary.