

<b>Case Number:</b>	CM13-0043444		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	03/04/2002
<b>Decision Date:</b>	05/21/2014	<b>UR Denial Date:</b>	10/03/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/24/2013

### 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 Orthopedic Surgery and is licensed to practice in Arizona. 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 35-year-old male who sustained an injury to his back on 3/4/2002 since that time he received medication and injections and was prescribed physical therapy and chiropractic treatment. He also had x-rays, MRI scan, CT scan and myelogram of the low back. He also underwent a posterior instrumentation interbody fusion at L4-L5 and at L5-S1 with apparent failure of fusion with pseudarthrosis at the L5-S1 level and loosening of the pedicle screws. He was diagnosed as having chronic radiculopathy and symptoms suggestive of neurogenic bladder and cauda equina compression. He has flattening of the lumbar lordosis with moderate tenderness throughout the lumbar spine and paraspinous muscle spasm with decreased spinal motion. Straight leg raises are positive bilaterally causing back and leg pain. He has grade 4/5 weakness in dorsiflexion and plantar flexion of the feet. He has diminished sensation over the posterior lateral thigh and posterior calf bilaterally. He has a left-sided antalgic gait. He has been approved for further surgery. Request in made for duragesic patch and Norco.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**DURAGESIC 25MCG PATCH #15:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioid, Page(s): 7, 8, 44, 78-88..

**Decision rationale:** Duragesic is indicated for patients who need round-the-clock opioid therapy and whose pain cannot be managed by other means and in-home tolerance to other opioid therapy has developed. The morphine equivalency dose is 25  $\hat{1}$ /<sub>4</sub>g per hour with patches are worn for 72 hours. This prescription is for 48 hour usage. Ongoing management with opioids requires documentation of analgesic effects, activities of daily living, adverse side effects, and aberrant drug taking behavior. Drug screening is needed to monitor abuse, addiction, or poor pain control. Monitoring of misuse of medication needs to be documented. Documentation of functional improvement as needed not only relief of pain but increase in function as reflected an increase in activities of daily living and/or increase in work tolerance. All this documentation is lacking in the medical record. In addition, weaning from this medication has been suggested in UR reports. Modified prescriptions have been approved because of fear withdrawal symptoms. No program of weaning has been established. For all the above reasons, the medical necessity for Duragesic has not been established.

**NORCO 325MG #180:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioid, Page(s): 74-96.

**Decision rationale:** Chronic opioid management should be done in the context of ongoing monitoring of the 4 A's: analgesia, activities of daily living, adverse side effects, and aberrant drug taking behavior. In addition, drug screening is necessary to identify abuse, addiction, or poor pain control. Documentation of misuse of medication needs to be included and complex situations consultation with a multi-disciplinary pain clinic may be required. All this documentation is absent in the medical record. Therefore, the medical necessity of using Norco has not been established.