

<b>Case Number:</b>	CM13-0060573		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	05/01/1997
<b>Decision Date:</b>	05/08/2014	<b>UR Denial Date:</b>	11/25/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/03/2013

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Management and is licensed to practice in California. 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:

The patient is a 48-year-old female who was injured on 05/01/1997. The mechanism of injury is unknown. Prior treatment history has included exercise, heat, ice, injection, pain medications, stretching and rest. The patient's medications as of 02/03/2014 include: (Pain level moderate to severe) Duragesic 12 mcg, Transderm patch, Lisinopril, Nifedipine 10 mg, Norco 10 -325 mg, Nortriptyline 25 mg, Orphenadrine citrate ER 100 mg, Prozac 20 mg, Prozac 40 mg, Trazodone 50 mg. The office note dated 02/03/2014 stated the patient presented with back pain, which she rated as moderate to severe. The location of the pain was upper back, lower back and neck. The pain had radiated to the left arm, right arm, left foot, right foot and left thigh. The patient describes the pain as an ache, burning, deep, discomforting, numbness, piercing, sharp, shooting, stabbing, and throbbing. Symptoms were aggravated with any movement. The symptoms were relieved with heat, ice, lying down, and injection, massage and pain medications/drugs. Cervical spine sensory evaluation revealed normal sensation deltoid patch and lateral forearm on the right, decreased on the left; first web space and thumb/index within normal limits bilaterally; and middle finger sensation was normal on the right and decreased on the left. Ulnar, med. Forearm, and med arm sensation was within normal limits. Range of motion revealed extension 35 degrees; flexion 45 degrees; lateral flexion 25 degrees and rotation 45 degrees. The patient had a headache, which worsened on range of motion testing of the neck. Neurological examination was within normal limits. The assessment and plan was coagglutination test (COAT), chronic pain due to trauma, low back pain, facet arthropathy, pain in joint involving ankle and foot, sacroiliitis, failed back surgery syndrome-cervical, and degenerative disc disease (DDD) of the lumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**DURAGESIC 12 MCG PATCH #30: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Duragesic® (Fentanyl Transdermal System) Page(s): 44,74-96.

**Decision rationale:** The CA MTUS guidelines state Fentanyl is an opioid analgesic with a potency eighty times that of morphine. Fentanyl transdermal (Duragesic®; generic available) is indicated for management of persistent chronic pain, which is moderate to severe requiring continuous, around-the-clock opioid therapy. The pain cannot be managed by other means (e.g., NSAIDS). Note: Duragesic® should only be used in patients who are currently on opioid therapy for which tolerance has developed. Analgesic dose: The previous opioid therapy for which tolerance has occurred should be at least equivalent to fentanyl 25mcg/h. Patches are worn for a 72-hour period. According to the office note dated 2/3/2014, the patient reports complaints of moderate to severe pain. The medical records do not establish the patient requires around-the-clock opioid therapy and that opioid tolerance had developed equivalent to Fentanyl 25 MCG/H. In addition, the medical records do not establish this patient obtained clinically significant pain relief despite medications. In the absence of documented pain relief, opioids should not be continued. Furthermore, the medical records do not establish non-opioid analgesics are not sufficiently appropriate to address this patient's pain complaints. In accordance with the guidelines, the medical necessity for Duragesic has not been established

**NORCO 10MG/325 MG #150 + 1 REFILL: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids (Hydrocodone/Acetaminophen).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 75-80,86-87.

**Decision rationale:** When to Continue Opioids: (a) If the patient has returned to work, (b) If the patient has improved functioning and pain. According to the office note dated 2/3/2014, the patient reports complaints of moderate to severe pain. The medical records do not establish this patient obtained clinically significant pain relief despite medications. In the absence of documented pain relief, opioids should not be continued. Furthermore, the medical records do not establish non-opioid analgesics are not sufficiently appropriate to address this patient's pain complaints. The medical records do not establish the patient has returned to work or that she has obtained clinically significant improved functioning and pain as a result of her continued opioid use. The medical records do not establish use of Norco led to clinically significant reduction in pain and improved function. Given the lack of benefit, continued Norco use is not recommended under the guidelines.

