

<b>Case Number:</b>	CM14-0007316		
<b>Date Assigned:</b>	02/10/2014	<b>Date of Injury:</b>	03/30/2005
<b>Decision Date:</b>	06/24/2014	<b>UR Denial Date:</b>	12/17/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/20/2014

### 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 Occupational Medicine 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 59-year-old male who was injured on 3/30/05. The mechanism of injury is unknown. The patient underwent epidural steroid injection on 12/23/2009 and right third medial and occipital block on 08/21/2008. The pain with medication is 4/10 on visual analog scale (VAS) and without medications is 9/10. Activity level with medications is 7/10 and activity level without medications is 0/10. The patient's medications as of 06/18/2013 include citalopram, diazepam, fentanyl 25 mcg/hr one patch to skin, hydrocodone-acetaminophen 10/325 mg 2 tabs by mouth four times a day, temazepam and Voltaren. Pain note dated 06/18/2013 reports the patient was developing withdrawal symptoms past the 36 hour mark. His patch dosage was changed to 25 mcg for one month; weight affects the patches. For the following month, he has been asked to stretch that out to every 48 hours if possible. He was instructed that upon follow-up, he will continue tapering if possible. On exam, he had no rashes, obvious petechiae, changes in color or swelling. He has an analgesic gait. He had pain with transfers from sitting to standing. There is decreased light touch left C6 distribution, decreased range of motion of the C-spine; decreased range of motion for flexion and extension of the lumbar spine and decreased range of motion of the right shoulder with pain. It is noted the patient has a signed opiate agreement in the chart. There were no signs of medication misuse or aberrant behavior. Prior utilization review dated 12/17/2013 states the request for Med fentanyl patch 50 mcg/HR #15 is non-certified as there is a lack of documented screening exams for misuse, improved tolerance to specific activities of daily living (ADLs) or results of decreased VAS pain scores. The request for hydrocodone-acetaminophen 10/325 mg #120/30 is non-certified as the guidelines criteria have not been met.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MED FENTANYL PATCH 50 MCG/HR 72 HR #15 REFILLS: 03:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Duragesic (fentanyl)..

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

**Decision rationale:** According to the MTUS guidelines, Fentanyl patches are not recommended as first-line treatment for chronic pain. They are recommended for patients who require continuous opioid analgesia that cannot be achieved by other means. In this case, the patient has chronic neck, back, shoulders, and knee pain and a history of multiple neck and back injections and surgeries. Exam findings are significant for decreased neck range of motion and decreased sensation in the left upper extremity. The medical records, the most recent of which are from June 2013, fail to document clinically significant functional improvement, improved quality of life, or a reduction in dependency on medical care due to opioid use. The need for continuous opioid analgesia that cannot be achieved by other means is not established in the provider records. The medical necessity is not established. As such, the request is not certified.

**HYDROCODONE-ACETAMINOPHEN 10-325MG #120/30 REFILLS :03:** Upheld

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

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

**Decision rationale:** According to the MTUS guidelines, Vicodin may be recommended for moderate to severe pain when functional benefit can be objectively demonstrated. The patient has chronic neck, back, shoulders, and knee pain and a history of multiple neck and back injections and surgeries. Exam findings are significant for decreased neck range of motion and decreased sensation in the left upper extremity. The medical records, the most recent of which are from June 2013, fail to document clinically significant functional improvement, improved quality of life, or a reduction in dependency on medical care due to opioid use. The medical necessity is not established. As such, the request is not certified.