

<b>Case Number:</b>	CM14-0151437		
<b>Date Assigned:</b>	09/19/2014	<b>Date of Injury:</b>	11/26/1999
<b>Decision Date:</b>	10/23/2014	<b>UR Denial Date:</b>	09/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/17/2014

### 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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 46-year-old woman who sustained a work related injury on November 26, 1999. Subsequently, she developed neck, left shoulder, left hip, bilateral knees, left foot, bilateral wrists, and low back pain. The patient underwent a left knee arthroscopic chondroplasty on January 17, 2001, right knee surgery on October 9, 2006, and a bariatric procedure on July 17, 2012. According to a progress report dated August 18, 2014, the patient complains of bilateral knee pain, and left shoulder and neck pain. The patient pain was described as aching, stinging, radiating, dull, cramping, burning, and shooting pain and was rated 8/10. The pain is associated with numbness, weakness, swelling in the knees, and locking of the knees. Her physical examination of the upper and lower extremities revealed positive crepitus with passive range of motion of the knee, healed arthroscopic scars, moderate effusion of the bilateral knees, calves are soft, and trace of edema throughout the lower extremities. Trigger points were found in the splenius capitis, upper and lower trapezius region, and sternocleidomastoid. Sensory examination was normal. Shoulder abduction and forward flexion are 4/5 on the right and 4+/5 on the left. Elbow flexion and extension are 4/5 on the left. Knee extension and flexion are 4-/5 on the left and 4/5 on the right. Shoulder impingement: positive Hawkins test on the right, positive Adson's test on the right. The patient was diagnosed with cervical brachial syndrome, cervical radiculitis, chronic pain syndrome, bilateral knee internal derangement with ligamentous laxity, and sacroiliac strain. Prior treatments included: physical therapy; left carpal tunnel injection dated February 7, 2008; bilateral knees surgery on 2008; cervical epidural steroid injection C7-T1 on July 23, 2008 with 80% decrease of pain and numbness; repeat cervical epidural steroid injection on November 6, 2008 without benefit; cervical epidural steroid injection C7-T1 on May 7, 2009 which caused an initial flare-up of neck pain radiating into the left upper extremity and then resolved stating epidural steroid injection helped for 2 months;

trigger point injections; aqua therapy for bilateral knees approved in late 2012 but not completed; and medications (Lidoderm patch, Oxycodone/acetaminophen, Ibuprofen, Duragesic, MsContin, Pantoprazole, and Lisinopril). The provider requested authorization for Hydrocodone, Fentanyl 100mcg, Fentanyl 50mcg, MS Contin ER 30mg, and MS Contin ER 15mg.

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

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

**Hydrocodone 10/325mg #90 no refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Vicodin: Hydrocodone/Acetaminophen Page(s): 91.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 179.

**Decision rationale:** According to MTUS guidelines, Hydrocodone is a synthetic opioid indicated for the pain management but not recommended as a first line oral analgesic. In addition and according to MTUS guidelines, ongoing use of opioids should follow specific rules: (a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy. (b) The lowest possible dose should be prescribed to improve pain and function. (c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework. In this case, there is no documentation of functional and pain improvement with previous use of Hydrocodone. There is no documentation of continuous compliance of patient to his medications. Therefore, this request is not medically necessary.

**Fentanyl 100mcg #10 no refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Duragesic (fentanyl transdermal system) Page(s): 47.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Duragesic (fentanyl transdermal system) Page(s): 68.

**Decision rationale:** Duragesic (fentanyl transdermal system) is not recommended as a first-line therapy. Duragesic is the trade name of a fentanyl transdermal therapeutic system, which releases fentanyl, a potent opioid, slowly through the skin. It is manufactured by [REDACTED] and marketed by [REDACTED] (both subsidiaries of [REDACTED]). The FDA-approved product labeling states that Duragesic is indicated in the management of chronic pain in patients who require continuous opioid analgesia for pain that cannot be managed by other means. In this case, there is no documentation that the patient condition required continuous opioid analgesia. There is no documentation that the previous use of Fentanyl resulted in significant pain and functional improvement. There is no recent documentation of tolerance to opioids. Therefore, the prescription of Fentanyl 100mcg #10 is not medically necessary.

**Fentanyl 50mcg #10 no refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Duragesic (fentanyl transdermal system) Page(s): 47.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Duragesic (fentanyl transdermal system) Page(s): 68.

**Decision rationale:** Duragesic (fentanyl transdermal system) is not recommended as a first-line therapy. Duragesic is the trade name of a fentanyl transdermal therapeutic system, which releases fentanyl, a potent opioid, slowly through the skin. It is manufactured by [REDACTED] and marketed by [REDACTED] (both subsidiaries of [REDACTED]). The FDA-approved product labeling states that Duragesic is indicated in the management of chronic pain in patients who require continuous opioid analgesia for pain that cannot be managed by other means. In this case, there is no documentation that the patient condition required continuous opioid analgesia. There is no documentation that the previous use of Fentanyl resulted in significant pain and functional improvement. There is no recent documentation of tolerance to opioids. Therefore, the prescription of Fentanyl 100mcg #10 is not medically necessary.

**MS Contin ER 30mg #60 no 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 formulary: Morphine sulfate, Morphine sulfate ER, CR (Avinza, Kadian, MS Contin, Oramorph SR)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004). Criteria for use of opioids, page(s) 179.

**Decision rationale:** According to MTUS guidelines, ongoing use of opioids should follow specific rules: (a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy. (b) The lowest possible dose should be prescribed to improve pain and function. (c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and

psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework. In this case, there is no clear documentation of patient improvement in level of function, quality of life, adequate follow up for absence of side effects and aberrant behavior with a previous use of narcotics. The patient continues to have chronic pain despite the continuous use of narcotics. Therefore, the request for 1 prescription of MS Contin ER 30mg #60 is not medically necessary.

**MS Contin ER 15mg #60 no 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 formulary: Morphine sulfate, Morphine sulfate ER, CR (Avinza, Kadian, MS Contin, Oramorph SR)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004). Criteria for use of opioids, page(s) 179.

**Decision rationale:** According to MTUS guidelines, ongoing use of opioids should follow specific rules:(a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy. (b) The lowest possible dose should be prescribed to improve pain and function.(c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework. In this case, there is no clear documentation of patient improvement in level of function, quality of life, adequate follow up for absence of side effects and aberrant behavior with a previous use of narcotics. The patient continues to have chronic pain despite the continuous use of narcotics. Therefore, the request for 1 prescription of MS Contin ER 15mg #60 is not medically necessary.