

<b>Case Number:</b>	CM14-0177503		
<b>Date Assigned:</b>	10/30/2014	<b>Date of Injury:</b>	03/21/2001
<b>Decision Date:</b>	12/11/2014	<b>UR Denial Date:</b>	10/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/27/2014

### 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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Texas & Florida. 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 57 year old female who was injured on 3/21/2001. The diagnoses are cervicalgia, lumbar radiculopathy, bilateral shoulder, bilateral hips, neck and low back pain. There is associated diagnosis of depression. The past surgery history is significant for L5-S1 decompression. The 6/10/2014 MRI of the lumbar spine showed mild to moderate spondylosis and disc bulges. The MRI was reported as unchanged from previous findings. The EMG showed mild carpal tunnel syndrome. The most recent note by [REDACTED] dated 10/1/2014 was hand written, brief and illegible. On 9/9/2014, there was subjective complaint of low back pain radiating to the left lower extremity. The patient reported that the last epidural injection had helped. The clinical examination did not find any tenderness to palpation, no motor weakness or joint range of motion limitation. The straight leg raising test, reflexes, heel and toe walking was all reported as normal. There was no significant subjective or objective abnormal finding documented. The medications are hydrocodone, Aleve and Fentanyl patch for pain. The patient is also utilizing Cymbalta, Maxalt, Xanax and Ondansetron. A Utilization Review determination was rendered on 10/14/2014 recommending non certification for hydrocodone 10/325mg #150 and Duragesic patch 75mcg #15.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydrocodone 10/325mg #150:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines When to continue opioids; Opioids for neuropathic pain; Opioids, d.

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

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that opioids can be utilized during exacerbation of severe musculoskeletal pain that did not respond to standard treatment with NSAIDs and PT. The chronic use of high dose multiple opioid medications is associated with the risk of development of tolerance, opioid induced hyperalgesia, dependency, addiction, sedation and adverse interactions with other sedatives. The guidelines require the documentation of UDS, functional restoration and compliance measures Pills count and absence of aberrant medication behavior during chronic opioid treatment. The records did not show subjective or objective findings consistent with exacerbation of severe musculoskeletal pain. There was no documentation was the required compliant measures. The patient is utilizing multiple opioids and other sedative medications increasing the risk of adverse effects. It is recommended that Fentanyl patch be utilized as second line medication for patient who cannot tolerate or are resistant to first line oral opioid medications. The criteria for the use of hydrocodone/APAP 10/325mg #150 were not met. The guidelines recommend that patients with significant psychosomatic disease who are utilizing high dose opioids be referred to Multidisciplinary Pain Programs or Addiction Psychiatrist specialists for safe weaning.

**Duragesic patch 75 mg #15:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines When to continue opioids; Opioids for neuropathic pain; Opioids, d.

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

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that opioids can be utilized during exacerbation of severe musculoskeletal pain that did not respond to standard treatment with NSAIDs and PT. The chronic use of high dose multiple opioid medications is associated with the risk of development of tolerance, opioid induced hyperalgesia, dependency, addiction, sedation and adverse interactions with other sedatives. The guidelines require the documentation of UDS, functional restoration and compliance measures Pills count and absence of aberrant medication behavior during chronic opioid treatment. The records did not show subjective or objective findings consistent with exacerbation of severe musculoskeletal pain. There was no documentation was the required compliant measures. The patient is utilizing multiple opioids and other sedative medications increasing the risk of adverse effects. It is recommended that Fentanyl patch be utilized as a second line medication for patient who cannot tolerate or are resistant to first line oral opioid medications. The criteria for the use of Duragesic patch 75mcg # 15 were not met. The guidelines recommend that patients with significant

psychosomatic disease who are utilizing high dose opioids be referred to Multidisciplinary Pain Programs or Addiction Psychiatrist specialists for safe weaning.