

<b>Case Number:</b>	CM14-0031875		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	11/23/1998
<b>Decision Date:</b>	07/17/2014	<b>UR Denial Date:</b>	03/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/13/2014

### 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 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:

According to the records made available for review, this is a 61-year-old female with an 11/23/98 date of injury. At the time (2/7/14) of the request for authorization for Norco 10/325mg #150 and Duragesic 100mcg per hour patch #15, there is documentation of subjective (pain has remained unchanged) and objective (lumbar spine range of motion is restricted; paravertebral muscle spasm, tenderness and tight muscle band is noted on both sides; lumbar facet loading is positive on both the sides; ankle dorsiflexors is 5/5 on the right and 4/5 on the left) findings, current diagnoses (spinal/lumbar degenerative disc disease, low back pain, post lumbar laminectomy syndrome, and depression with anxiety), and treatment to date (medication including Norco for at least 3 months which reduced her pain from 7/10 to 6/10 and helps her to pick up her son from school and go to doctor's appointment and Duragesic patch for several years which without this medication her pain would be so intense she would be bedbound). Regarding Duragesic 100mcg per hour patch #15, there is no documentation that the patient requires continuous opioid analgesia for pain that cannot be managed by other means.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #150:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-80.

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines necessitate documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of opioids. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of spinal/lumbar degenerative disc disease, low back pain, post lumbar laminectomy syndrome, and depression with anxiety. In addition, there is documentation of treatment with Norco for at least 3 months and functional benefit with use of Norco. Therefore, based on guidelines and a review of the evidence, the request for Norco 10/325mg #150 is medically necessary.

**Duragesic 100mcg per hour patch #15:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Duragesic (fentanyl transdermal system), page(s) 44; Title 8, California Code of Regulations, section 9792.20; and Food and Drug Administration--FDA Page(s): 44. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Duragesic and Fentanyl.

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of chronic pain in patients who require continuous opioid analgesia for pain that cannot be managed by other means, as criteria necessary to support the medical necessity of Duragesic. MTUS Chronic Pain Medical Treatment Guidelines identifies that Duragesic is not recommended as first-line therapy. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG identifies documentation that Duragesic is not for use in routine musculoskeletal pain. FDA identifies documentation of persistent, moderate to severe chronic pain that requires continuous, around-the-clock opioid administration for an extended period of time, and cannot be managed by other means; that the patient is already receiving opioid therapy, has demonstrated opioid tolerance, and requires a total daily dose at least equivalent to Duragesic 25 mcg/h; and no contraindications exist, as criteria necessary to support the medical necessity of Duragesic patch. Within the medical information available for review, there is documentation of diagnoses of spinal/lumbar degenerative disc disease, low back pain, post lumbar laminectomy syndrome, and depression with anxiety. In addition, there is documentation of treatment with Duragesic patch for several years and functional benefit with use of Duragesic patch. However, there is no documentation that the patient requires continuous opioid analgesia

for pain that cannot be managed by other means. Therefore, based on guidelines and a review of the evidence, the request for Duragesic 100mcg per hour patch #15 is not medically necessary.