

<b>Case Number:</b>	CM14-0048160		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	10/19/1990
<b>Decision Date:</b>	08/01/2014	<b>UR Denial Date:</b>	04/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/16/2014

### 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 Georgia. 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 claimant is a 62-year-old male presenting with chronic pain following a work-related injury on October 19, 1990. On March 4, 2014 the claimant reported chronic pain and to be functional because of the medication. The claimant has also used h-waves, ice, heat and stretching for pain relief. The claimant reports pain localized to the low back. The pain is described as constant, dull, achy and more prominent on the right side. The pain is also characterized as mild to moderate and associated with right leg weakness and tightness/cramps in her arch. The physical exam is significant for mild tenderness to palpation of the lumbar paraspinous muscles at the facet joint line of L1-S1 which was prominent on the right side, limited lumbar range of motion in all directions, left lower extremity has 5 muscles with mildly decreased strength, right lower extremity strength was mildly decreased in her hip flexors, knee extensors and knee flexors while her right ankle dorsiflexion, plantarflexion and long toe extension was moderately decreased, decreased sensation on the right and left lateral leg, slightly increased reflexes at the knee and decreased at the ankles. The claimant was diagnosed with chronic low back and leg pain, status post L4-5, L5-S1 internal disc herniation, lumbar radiculopathy, lumbar degenerative disc disease, lumbar facet joint disease, and depression/anxiety.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Duragesic 50 mcg/hr transdermal patch #10:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, page(s) 79 Page(s): 79.

**Decision rationale:** Duragesic 50 MCG/HR Transdermal Patch #10 is not medically necessary. Per the MTUS Page 79 guidelines states that weaning of opioids are recommended if there are no overall improvement in function, unless there are extenuating circumstances, continuing pain with evidence of intolerable adverse effects, decrease in functioning, resolution of pain, if serious non-adherence is occurring or if the patient requests discontinuing. The claimant's medical records did not document that there was an overall improvement in function or a return to work with previous opioid therapy. In fact, the medical records note that the claimant was permanent and stationary. The claimant has long-term use with this medication and there was a lack of improved function with this opioid; therefore the requested medication is not medically necessary.

**Hydrocodone/7.5 mg- ibuprofen 200 mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioid adverse effects and NSAIDs.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, page(s) 79 Page(s): 79.

**Decision rationale:** Hydrocodone 7.5 MG Ibuprofen 200 MG #60 is not medically necessary. Per the MTUS page 79 guidelines states that weaning of opioids are recommended if, there are no overall improvement in function, unless there are extenuating circumstances, continuing pain with evidence of intolerable adverse effects, decrease in functioning, resolution of pain, if serious non-adherence is occurring, or if the patient requests discontinuing. The claimant's medical records did not document that there was an overall improvement in function or a return to work with previous opioid therapy. In fact, the medical records note that the claimant was permanent and stationary. The claimant has long-term use with this medication and there was a lack of improved function with this opioid; therefore the requested medication is not medically necessary.