

<b>Case Number:</b>	CM14-0058582		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	10/01/2009
<b>Decision Date:</b>	09/22/2014	<b>UR Denial Date:</b>	04/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/29/2014

### 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 49-year-old male who has submitted a claim for lumbar sprain and strain, s/p lumbar laminectomy syndrome, lumbar radiculopathy, and lumbar disc disorder associated with an industrial injury date of October 1, 2009. Medical records from January 18, 2014 up to April 16, 2014 were reviewed showing low back pain radiating to left lower leg. Pain was rated at 7/10 with medications and over 10 without medications. Pain was increased with activity. Side effects from medications include "strange taste" in mouth and drowsiness. Lumbar spine examination revealed loss of normal lordosis, restricted range of motion, and paravertebral tenderness. SLR was positive on the left. Ankle jerk is 2+ on the right and 1+ on the left. Patellar jerk was 2+ on the right and 1+ on the left. There was a trigger point radiating pain and twitch response on palpation of lumbar paraspinal muscles. Treatment to date has included Duragesic 12mcg/hr patch, Norco 10/325mg, gabapentin 600mg, Soma, oxycodone, L5-S1 laminectomy and foraminotomy, and partial L5 & S1 vertebrectomy. Utilization review from April 16, 2014 modified the request for Duragesic 25mcg/hr patch #5 to #3 and Norco 10/325mg #30 to #15 for weaning. Opioids are not recommended for long-term use. They may be used for neuropathic pain when individuals have not responded to first line medications such as antidepressants and anticonvulsants. The patient was not mentioned to be taking such medications. However, abrupt cessation is not advisable. Therefore modify Duragesic to #3 patches and Norco to #15 only to initiate weaning.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Duragesic 25mcg/hr patch #5:** 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): 78-80.

**Decision rationale:** As stated on page 78-80 of CA MTUS Chronic Pain Medical Treatment Guidelines, there are 4 A's for ongoing monitoring of opioid use: pain relief, side effects, physical and psychosocial functioning and the occurrence of any potentially aberrant drug-related behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. The use of opioids for chronic low back pain is only recommended for short-term pain relief. Efficacy is unclear (>16 weeks). Opioids have been suggested for neuropathic pain that has not responded to first-line recommendations (antidepressants, anticonvulsants). There are no trials of long-term use. There are virtually no studies of opioids for treatment of chronic lumbar root pain with resultant neuropathy. In this case, the patient has been using Duragesic since March 10, 2014 with consistent UDS. Patient reported pain relief from 10/10 to 7/10 in severity and maintained level of functioning attributed to opioid use. However, treatment plan from progress report 04/16/2014 was to shift Duragesic 25 mcg/hour into 12 mcg/hour dosing; hence, there is no clear indication for certifying a 25mcg/ hour dosing at this time. Therefore, the request for Duragesic 25mcg/hr patch #5 is not medically necessary.

**Norco 10/325mg #30:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 78-80.

**Decision rationale:** As stated on page 78-80 of CA MTUS Chronic Pain Medical Treatment Guidelines, there are 4 A's for ongoing monitoring of opioid use: pain relief, side effects, physical and psychosocial functioning and the occurrence of any potentially aberrant drug-related behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. The use of opioids for chronic low back pain is only recommended for short-term pain relief. Efficacy is unclear (>16 weeks). Opioids have been suggested for neuropathic pain that has not responded to first-line recommendations (antidepressants, anticonvulsants). There are no trials of long-term use. There are virtually no studies of opioids for treatment of chronic lumbar root pain with resultant neuropathy. In this case, the patient has been using Norco 10/325mg since at least February 2014 with consistent UDS. Patient reported pain relief from 10/10 to 7/10 in severity and maintained level of functioning attributed to opioid use. Noted side effect was somnolence; hence, treatment plan was to decrease Duragesic patch dosing and to taper off

Norco after two weeks. Guideline criteria for continuing opioid management have been met. Therefore, the request for Norco 10/325mg #30 is medically necessary.