

<b>Case Number:</b>	CM14-0187557		
<b>Date Assigned:</b>	12/16/2014	<b>Date of Injury:</b>	04/30/2002
<b>Decision Date:</b>	01/15/2015	<b>UR Denial Date:</b>	10/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/10/2014

### 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 Family Practice 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:

Claimant is a 68 year old female who sustained a work injury on 4/30/2002 involving the low back. She was diagnosed with lumbar radiculopathy, chronic pain syndrome, herniated nucleus pulposus of L1-S1 and failed back surgery syndrome. A progress note on 5/14/14 indicated the claimant had 9/10 pain in the neck and back that radiated to the lower extremities. Examination was notable for decreased range of motion. Her pain at the time was treated with Norco, Fentanyl patches, and topical analgesics. A progress note on 9/17/14 indicated the claimant had 10/10 pain, back spasms and a limited quality of life due to pain. Exam findings were notable for a positive compression test of the cervical spine and a positive Spurling's sign bilaterally. She remained on the Fentanyl and Norco. A progress note on 11/12/14 indicated the claimant had 10/10 pain, back spasms and a limited quality of life due to pain. Exam findings were notable for a positive compression test of the cervical spine and a positive Spurling's sign bilaterally. Fentanyl was continued.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Norco  
Page(s): 82-92.

**Decision rationale:** Norco is a short acting opioid used for breakthrough pain. According to the MTUS guidelines are not indicated at 1st line therapy for neuropathic pain, and chronic back pain . It is not indicated for mechanical or compressive etiologies. It is recommended for a trial bases for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant has been on Norco for several months with no improvement in pain scale . The continued use of Norco is not medically necessary.

**Duragesic 25mcg/hr #20:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Duragesic  
Page(s): 44.

**Decision rationale:** According to the guidelines, Duragesic is not recommended as 1st line therapy. 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, the claimant had been on Duragesic for months with no improvement in pain scale or function. Long-term use can lead to tolerance and side-effects. Continued and long-term use is not indicated as it is not showing objective improvement. The Duragesic as above is not medically necessary.