

<b>Case Number:</b>	CM15-0000220		
<b>Date Assigned:</b>	01/09/2015	<b>Date of Injury:</b>	11/27/1996
<b>Decision Date:</b>	03/06/2015	<b>UR Denial Date:</b>	12/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/02/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: New York  
 Certification(s)/Specialty: Internal Medicine

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 62 year old male with a work injury dated 11/27/1996. The mechanism of injury (according to UR) was due to attempting to dislodge a dolly from a groove between a truck and the floor. The diagnosis has included low back pain, chronic; failed back surgery, lumbar; back pain, lumbar with radiculopathy; myalgia, bilateral shoulder impingement syndrome, depression and insomnia. Treatment to date has included back surgery, pain medicine and pain management consults. Currently the injured worker is complaining of pain in bilateral legs, bilateral shoulders, bilateral buttocks, bilateral knees and low back. The IW describes the pain as sharp, aching, shooting, burning and stabbing. The IW states the pain is 3/10 with medications and 8/10 without medications. The IW also complained of difficulty sleeping. He is currently receiving pain medications, medications for sleep, anti-inflammatory medications and SSRI medications. Physical exam revealed kyphotic posture and slow gait. The provider requested Norco 10/325 mg # 180 tablets, Duragesic patches 75 mcg/hr #15 and Duragesic patches 100 mcg per hour # 30. On 12/24/2014 utilization review modified the request as follows: Norco 10/325 mg # 90 tablets, Duragesic patches 75 mcg/hr # 7 and Duragesic patches 100 mcg per hour # 15 noting there was a lack of documentation showing objective improvement in function with the use of these medications. There was also no documentation showing that the patient was being screened for aberrant drug taking behaviors with urine drug screens to support continued use. In the absence of this information a continuation of these medications would not be supported, however weaning is recommended. CA MTUS Guidelines was cited. On 01/02/2015 the injured worker

submitted an application for IMR for review of the requested treatment for Norco 10/325 # 180 tablets, Duragesic patches 75 mcg /hr 15 patches and Duragesic patches 100 mcg per hour # 30.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Norco 10/325mg quantity 180:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management Page(s): 78.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for treatment of chronic pain Page(s): 91-97.

**Decision rationale:** The documentation indicates the claimant has been treated with opioid therapy with Norco. Per California MTUS Guidelines, short-acting opioids such as Norco are seen as an effective method in controlling chronic pain. They are often used for intermittent or breakthrough pain. The treatment of chronic pain with any opioid agent requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include current pain: last reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid, and the duration of pain relief. Per the medical documentation there has been no documentation of the medication's pain relief effectiveness and no clear documentation that the claimant has responded to ongoing opioid therapy. According to the California MTUS Guidelines there has to be certain criteria followed including an ongoing review and documentation of pain relief and functional status. This does not appear to have occurred with this patient. The patient has continued pain despite the chronic use of a short acting opioid medications. The patient may require a multidisciplinary evaluation to determine the best approach to treatment of her chronic pain syndrome. Medical necessity for Norco 10/325 has not been established. The requested treatment is not medically necessary.

**Duragesic patches 100mcg/hr quantity 30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Fentanyl transdermal Page(s): 93.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for treatment of chronic pain Page(s): pages 91-97.

**Decision rationale:** The documentation indicates the claimant has been treated with opioid therapy with Duragesic. Duragesic is a trade name of fentanyl transdermal patches, used for relief of moderate to severe pain. The patches release fentanyl, a potent opioid, slowly through the skin. One patch may provide 72 hours of pain relief. Initial onset of effectiveness after a patch has been applied is typically 8-12 hours under normal conditions; thus, Duragesic patches are often prescribed with another opioid to handle breakthrough pain. Per California MTUS Guidelines, long-acting opioids such as Duragesic are seen as an effective method in controlling chronic pain. The treatment of chronic pain with any opioid agent requires review and

documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include current pain: last reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid, and the duration of pain relief. Per the medical documentation there has been no documentation of the medication's pain relief effectiveness and no clear documentation that the claimant has responded to ongoing opioid therapy. According to the California MTUS Guidelines there has to be certain criteria followed including an ongoing review and documentation of pain relief and functional status. This does not appear to have occurred with this patient. The patient has continued pain despite the chronic use of a long and short-acting opioid medications. The patient may require a multidisciplinary evaluation to determine the best approach to treatment of her chronic pain syndrome. Medical necessity for the requested item has not been established. The requested item is not medically necessary.

**Duragesic patches 75mcg/hr quantity 15:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Fentanyl transdermal Page(s): 93.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for treatment of chronic pain Page(s): pages 91-97.

**Decision rationale:** The documentation indicates the claimant has been treated with opioid therapy with Duragesic. Duragesic is a trade name of fentanyl transdermal patches, used for relief of moderate to severe pain. The patches release fentanyl, a potent opioid, slowly through the skin. One patch may provide 72 hours of pain relief. Initial onset of effectiveness after a patch has been applied is typically 8-12 hours under normal conditions; thus, Duragesic patches are often prescribed with another opioid to handle breakthrough pain. Per California MTUS Guidelines, long-acting opioids such as Duragesic are seen as an effective method in controlling chronic pain. The treatment of chronic pain with any opioid agent requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include current pain: last reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid, and the duration of pain relief. Per the medical documentation there has been no documentation of the medication's pain relief effectiveness and no clear documentation that the claimant has responded to ongoing opioid therapy. According to the California MTUS Guidelines there has to be certain criteria followed including an ongoing review and documentation of pain relief and functional status. This does not appear to have occurred with this patient. The patient has continued pain despite the chronic use of a long and short-acting opioid medications. The patient may require a multidisciplinary evaluation to determine the best approach to treatment of her chronic pain syndrome. Medical necessity for the requested item has not been established. The requested item is not medically necessary.