

<b>Case Number:</b>	CM15-0000338		
<b>Date Assigned:</b>	01/09/2015	<b>Date of Injury:</b>	11/13/2001
<b>Decision Date:</b>	03/12/2015	<b>UR Denial Date:</b>	12/22/2014
<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: Arizona, Michigan

Certification(s)/Specialty: Preventive Medicine, Occupational 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:

The injured worker is a 60-year-old female, with a reported date of injury of 11/13/2001. The diagnoses include lumbar disc degeneration with facet degeneration, myofascial low back pain and increasing right lumbar radicular symptoms, and osteoarthritis. Treatments have included pain medication, physical therapy, MRI of the lumbar spine, which showed degenerative changes in the lumbosacral region, three epidural injections, and an x-ray of the lumbar spine. The progress report dated 12/09/2014 indicates that the injured worker complained of continued back pain with some pain that radiated down the right leg. The injured worker reported that the Norco and Duragesic worked well. The physical examination findings included tenderness along the lumbar paraspinal muscles, iliolumbar and sacroiliac regions; back pain on range of motion with negative facet maneuver; intact neurologic examination; and mildly antalgic gait. The treating physician requested Duragesic 75mcg to the skin every 2-3 days as directed and Norco 10/325mg I tablet by mouth every 12 hours as needed. The reason for the request was not provided. On 12/22/2014, Utilization Review (UR) denied the request for Norco 10/325mg #60 and Duragesic 75mg patch, noting that there was no documentation of intensity of pain after taking the opioid medication, how long it takes for pain relief and tolerance developing to oral pain medications to support the need of Duragesic patch. The MTUS Chronic Pain Guidelines were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Duragesic patch 75mcg #15:** 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): 74-96.

**Decision rationale:** Per the MTUS, Duragesic is indicated for the management of persistent chronic pain which is moderate to severe requiring continuous around-the-clock opioid therapy. It should only be used in patients who are currently on opioid therapy for which tolerance has developed. Unfortunately a review of the injured workers medical records does not show any documentation of the development of tolerance to her other opioid therapy and her clinical history does not line up with moderate to severe pain requiring continuous around the clock opioid therapy, therefore based on the injured workers clinical presentation as well as the guidelines the request for Duragesic patch 75mcg # 15 does not appear to be medically necessary.

**Norco 10/325 #60:** 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): 74-96.

**Decision rationale:** Per the MTUS, Opioids should be continued if the patient has returned to work and has improved functioning and pain. The MTUS lists 4 specific monitoring parameters for ongoing opioid use which are the 4 A's, analgesia, activities of daily living, adverse side effects and aberrant drug taking behavior. 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. Long term users should be re-assessed following specific criteria described in the MTUS and include documentation of pain and functional improvement compared to baseline. Satisfactory response to treatment is indicated by the patients decreased pain, increased level of function, or improved quality of life. Pain should be assessed at each visit and functioning should be measured at 6 month intervals using a numerical scale or validated instrument. Unfortunately a review of the injured workers medical records do not show the recommended documentation per MTUS guidelines and therefore the request for Norco 10/325 # 60 is not medically necessary.