

Case Number:	CM15-0108263		
Date Assigned:	06/12/2015	Date of Injury:	11/05/2011
Decision Date:	07/15/2015	UR Denial Date:	05/26/2015
Priority:	Standard	Application Received:	06/04/2015

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, Tennessee
 Certification(s)/Specialty: Emergency 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 54-year-old male, who sustained an industrial injury on 11/05/2011. He has reported injury to the neck and bilateral shoulders. The diagnoses have included neck pain; right shoulder pain; left shoulder pain, status post left rotator cuff repair on 01/26/2012, and manipulation under anesthesia on 09/04/2013; and status post left biceps repair, on 02/24/2012. Treatment to date has included medications, diagnostics, H-Wave unit, TENS (transcutaneous electrical nerve stimulation) unit, and surgical intervention. Medications have included Norco, Fentanyl patch, Lidoderm patch, Amitriptyline, and Lunesta. A progress note from the treating physician, dated 05/14/2015, documented a follow-up visit with the injured worker. The injured worker reported neck and bilateral shoulder pain; he has been managing his symptoms with his medications, and they are still bringing his pain levels down to tolerable levels; pain level gets as high as 9/10 on the pain scale without the medications; with the use of the Fentanyl patches and the Norco, he can bring the pain level to about a 3/10 in intensity, and he is able to do more activities; he has been walking for exercise; and when he walks, he complains of right leg swelling. Objective findings included tenderness over the right calf with anterior/posterior palpation; tenderness at the lumbosacral junction; lumbar paraspinal spasms; ultrasound from 03/31/2015 showed residual thrombus in the right distal femoral vein and popliteal veins in the right calf; and he has had a cervical MRI on 05/12/2015. The treatment plan has included the request for retrospective 10 Fentanyl 25 mcg patches, date of service: 05/14/15; and retrospective 180 tablets of Norco 10/325 mg, date of service: 05/14/15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective 10 Fentanyl 25mcg patches date of service 5/14/15: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 74-96.

Decision rationale: Fentanyl is an opioid analgesic with a potency eighty times that of morphine. Weaker opioids are less likely to produce adverse effects than stronger opioids such as fentanyl. It is indicated for management of persistent chronic pain, which is moderate to severe requiring continuous, around-the-clock opioid therapy. The pain cannot be managed by other means. Transdermal should only be used in patients who are currently on opioid therapy for which tolerance has developed. Chronic Pain Medical Treatment Guidelines state that opioids are not recommended as a first line therapy. Opioid should be part of a treatment plan specific for the patient and should follow criteria for use. Criteria for use include establishment of a treatment plan, determination if pain is nociceptive or neuropathic, failure of pain relief with non-opioid analgesics, setting of specific functional goals, and opioid contract with agreement for random drug testing. If analgesia is not obtained, opioids should be discontinued. The patient should be screened for likelihood that he or she could be weaned from the opioids if there is no improvement in pain or function. It is recommended for short-term use if first-line options, such as acetaminophen or NSAIDs have failed. In this case, the patient has been receiving Fentanyl since at least December 2014 and has obtained moderate analgesia. There is no documentation that the patient has signed an opioid contract. Criteria for long-term opioid use have not been met. The request is not medically necessary.

Retrospective 180 tablets of Norco 10/325mg date of service 5/14/15: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 11, 74-96.

Decision rationale: Norco is the compounded medication containing hydrocodone and acetaminophen. Chronic Pain Medical Treatment Guidelines state that opioids are not recommended as a first line therapy. Opioid should be part of a treatment plan specific for the patient and should follow criteria for use. Criteria for use include establishment of a treatment plan, determination if pain is nociceptive or neuropathic, failure of pain relief with non-opioid analgesics, setting of specific functional goals, and opioid contract with agreement for random drug testing. If analgesia is not obtained, opioids should be discontinued. The patient should be screened for likelihood that he or she could be weaned from the opioids if there is no improvement in pain or function. It is recommended for short-term use if first-line options, such

as acetaminophen or NSAIDS have failed. Opioids may be a safer choice for patients with cardiac and renal disease than antidepressants or anticonvulsants. Acetaminophen is recommended for treatment of chronic pain & acute exacerbations of chronic pain. Acetaminophen overdose is a well-known cause of acute liver failure. Hepatotoxicity from therapeutic doses is unusual. Renal insufficiency occurs in 1 to 2% of patients with overdose. The recommended dose for mild to moderate pain is 650 to 1000 mg orally every 4 hours with a maximum of 4 g/day. In this case, the patient has been receiving Norco since at least December 2014 and has obtained moderate analgesia. There is no documentation that the patient has signed an opioid contract. Criteria for long-term opioid use have not been met. The request is not medically necessary.