

<b>Case Number:</b>	CM15-0137345		
<b>Date Assigned:</b>	07/27/2015	<b>Date of Injury:</b>	10/28/2002
<b>Decision Date:</b>	08/25/2015	<b>UR Denial Date:</b>	06/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/15/2015

### 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: California  
 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 58 year old male who sustained an industrial injury initially in early 1990 with injury to his back. He underwent surgery but back pain persisted. In 1998, he re-injured the back in a lifting incident and again underwent diagnostic surgeries and MRI's. At some point, he also injured his right shoulder and had surgical repair. On 10/28/02, he had a non-industrial injury where he fell playing softball and was subsequently declared permanent and stationary. He currently complains of right shoulder pain (7/10); right arm weakness; minor right sided low back pain that radiates to the right buttocks and right upper leg. His pain level was 2-7/10. On physical exam there was limited range of motion of the right shoulder; there was occipital tenderness; facet tenderness of the lumbar spine; sacroiliac joints were tender bilaterally. In the progress note dated 6/17/15 the provider notes that the injured workers functionality, sleep pattern and medication usage was unchanged and the pain was worse. Medications were Fentanyl, Norco. On 5/31/12, the injured worker signed a narcotic agreement. Per 6/17/15 note a pill count was done every visit, urine toxicology screening and CURES are done at regular intervals. Diagnoses include right shoulder surgery (2003); chronic pain syndrome; primary localized osteoarthritis, shoulder region; degeneration of the lumbar or lumbosacral intervertebral disc; post laminectomy syndrome, lumbar region; failed back syndrome; opioid dependence; back pain with radicular pain into the right leg. Treatments to date include right shoulder injections with up to one to two years relief of pain; caudal steroid injection (1/24/14) with 50% decrease in pain, less narcotic use, increased activities and function and multiple caudal injections with various degrees of decreased pain; physical therapy; chiropractic

treatments; medications. Diagnostics include MRI of the lumbar spine (7/2005) disc protrusion, spinal stenosis, disc space narrowing; computed tomography of the lumbar spine showing annular tears, annular degeneration; MRI of the lumbar spine (2003) showing disc bulging and disc narrowing; right shoulder x-ray (6/19/12) showing degenerative changes; MRI of the right shoulder (10/17/05) showing partial tear of the supraspinatus tendon. In the progress note dated 6/17/15 the treating provider's plan of care includes requests for Fentanyl patch 25 mcg/ hour, 30 day supply, #15 with one refill; Norco 10/325 mg 30 day supply #60 and one refill.

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

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

**Fentanyl patch 25mcg/hr #15 with 1 refill:** 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): 76-79.

**Decision rationale:** Fentanyl is an opioid. Patient has chronically been on an opioid pain medication. As per MTUS Chronic pain guidelines, documentation requires appropriate documentation of analgesia, activity of daily living, adverse events and aberrant behavior. Patient has all documentation appropriate for recommendation to continued opioids therapy. There is appropriate documentation that patient has been stable and is not able to tolerate weaning. There is documentation of appropriate monitoring. While documentation of improvement in function and pain is not clear, the documentation that patient has significant deterioration in function during prior weaning is appropriate. While continued opioid therapy is appropriate, prescription is not medically appropriate. A refill giving patient 2 months of medication is not indicated as patient is to be seen again by treating physician in a month. Refills also violate MTUS guidelines concerning close monitoring and documentation of progress. Fentanyl patch with refill is not medically necessary.

**Norco 10/325mg #60 with 1 refill:** 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): 76-79.

**Decision rationale:** Norco is acetaminophen and hydrocodone, an opioid. Patient has chronically been on an opioid pain medication. As per MTUS Chronic pain guidelines, documentation requires appropriate documentation of analgesia, activity of daily living, adverse events and aberrant behavior. Patient has all documentation appropriate for recommendation to continued opioids therapy. There is appropriate documentation that patient has been stable and is not able to tolerate weaning. There is documentation of appropriate monitoring. While

documentation of improvement in function and pain is not clear, the documentation that patient has significant deterioration in function during prior weaning is appropriate. While continued opioid therapy is appropriate, prescription is not medically appropriate. A refill giving patient 2 months of medication is not indicated as patient is to be seen again by treating physician in a month. Refills also violate MTUS guidelines concerning close monitoring and documentation of progress. Norco with refill is not medically necessary.