

<b>Case Number:</b>	CM15-0168816		
<b>Date Assigned:</b>	09/09/2015	<b>Date of Injury:</b>	04/11/2008
<b>Decision Date:</b>	10/27/2015	<b>UR Denial Date:</b>	08/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/27/2015

### 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: Physical Medicine & Rehabilitation, Pain Management

### 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 59 year old female, who sustained an industrial injury on April 11, 2008. She reported neck pain with left upper extremity pain and low back pain with left lower extremity pain. The injured worker was diagnosed as having neck pain on the left side with radiating symptoms to the left arm, low back pain on the left side with radiating pain to the left leg posteriorly and status post laminectomy in 1996 from a motor vehicle accident. Magnetic resonance imaging (MRI) of the cervical spine on August 28, 2008, revealed central disc protrusions that flatten the ventral aspect of the cord and small central disk protrusions that also flatten the ventral aspect of the cord. The lumbar spine MRI on October 13, 2010, was noted to reveal disc degeneration with endplate remodeling. Treatment to date has included diagnostic studies, surgical intervention of the lumbar spine, conservative care, medications and work restrictions. Currently, the injured worker continues to report neck pain with left upper extremity pain and low back pain with left lower extremity pain. The injured worker reported an industrial injury in 2008, resulting in the above noted pain. She was treated conservatively and surgically without complete resolution of the pain. Evaluation on April 29, 2015, revealed continued pain as noted. She rated her pain with medications at 4 and without medications at 5 on a 1-10 scale with 10 being the worst. Medications including Norco and Duragesic were continued. Evaluation on July 1, 2015, revealed continued pain as noted. She rated her pain at 2-3 with medications and 10 without medications on a 1-10 scale with 10 being the worst. It was noted the medications take about 30 minutes to start working and last for up to 3-4 hours. It was noted urinary drug screens were consistent with expectations. The RFA included requests for Pharmacy purchase of

Fentanyl patch 50mcg do not dispense until 08/01/2015 #10, Pharmacy purchase of Fentanyl patch 50mcg remaining #5, Pharmacy purchase of Norco 10/325mg do not dispense until 08/01/2015 #120 and Pharmacy purchase of Norco 10/325mg remaining #60 and was non-certified on the utilization review (UR) on August 5, 2015.

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

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

#### **Pharmacy purchase of Fentanyl patch 50mcg remaining #5: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids (Classification), Opioids, California Controlled Substance Utilization Review and Evaluation System (CURES) [DWC], Opioids, criteria for use, Opioids for chronic pain, Opioids for neuropathic pain, Opioids for osteoarthritis, Opioids, cancer pain vs. nonmalignant pain, Opioids, dealing with misuse & addiction, Opioids, differentiation: dependence & addiction, Opioids, dosing, Opioids, indicators for addiction, Opioids, long-term assessment.

**Decision rationale:** Regarding the request for Pharmacy purchase of Fentanyl patch 50mcg remaining #5, California Pain Medical Treatment Guidelines note that it is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is indication that the medication is improving the patient's function and pain with no intolerable side effects or aberrant use, and the patient is noted to undergo monitoring. In light of the above, the currently requested Pharmacy purchase of Fentanyl patch 50mcg remaining #5 is medically necessary.

#### **Pharmacy purchase of Fentanyl patch 50mcg do not dispense until 08/01/2015 #10: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids (Classification), Opioids, California Controlled Substance Utilization Review and Evaluation System (CURES) [DWC], Opioids, criteria for use, Opioids for chronic pain, Opioids for neuropathic pain, Opioids for osteoarthritis, Opioids, cancer pain vs. nonmalignant pain, Opioids, dealing with misuse & addiction, Opioids, differentiation: dependence & addiction, Opioids, dosing, Opioids, indicators for addiction, Opioids, long-term assessment.

**Decision rationale:** Regarding the request for Pharmacy purchase of Fentanyl patch 50mcg do not dispense until 08/01/2015 #10, California Pain Medical Treatment Guidelines note that it is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is indication that the medication is improving the patient's function and pain with no intolerable side effects or aberrant use, and the patient is noted to undergo monitoring. In light of the above, the currently requested Pharmacy purchase of Fentanyl patch 50mcg do not dispense until 08/01/2015 #10 is medically necessary.

**Pharmacy purchase of Norco 10/325mg remaining #60: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids (Classification), Opioids, California Controlled Substance Utilization Review and Evaluation System (CURES) [DWC], Opioids, criteria for use, Opioids for chronic pain, Opioids for neuropathic pain, Opioids for osteoarthritis, Opioids, cancer pain vs. nonmalignant pain, Opioids, dealing with misuse & addiction, Opioids, differentiation: dependence & addiction, Opioids, dosing, Opioids, indicators for addiction, Opioids, long-term assessment.

**Decision rationale:** Regarding the request for Pharmacy purchase of Norco 10/325mg remaining #60, California Pain Medical Treatment Guidelines note that it is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is indication that the medication is improving the patient's function and pain with no intolerable side effects or aberrant use, and the patient is noted to undergo monitoring. In light of the above, the currently requested Pharmacy purchase of Norco 10/325mg remaining #60 is medically necessary.

**Pharmacy purchase of Norco 10/325mg do not dispense until 08/01/2015 #120: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids (Classification), Opioids, California Controlled Substance Utilization Review and Evaluation System (CURES) [DWC], Opioids, criteria for use, Opioids for chronic pain, Opioids for neuropathic pain, Opioids for osteoarthritis, Opioids, cancer pain vs. nonmalignant pain, Opioids, dealing with misuse & addiction, Opioids, differentiation: dependence & addiction, Opioids, dosing, Opioids, indicators for addiction, Opioids, long-term assessment.

**Decision rationale:** Regarding the request for Pharmacy purchase of Norco 10/325mg do not dispense until 08/01/2015 #120, California Pain Medical Treatment Guidelines note that it is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is indication that the medication is improving the patient's function and pain with no intolerable side effects or aberrant use, and the patient is noted to undergo monitoring. In light of the above, the currently requested Pharmacy purchase of Norco 10/325mg do not dispense until 08/01/2015 #120 is medically necessary.