

<b>Case Number:</b>	CM15-0168869		
<b>Date Assigned:</b>	09/09/2015	<b>Date of Injury:</b>	11/05/2011
<b>Decision Date:</b>	10/07/2015	<b>UR Denial Date:</b>	08/20/2015
<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: New Jersey, Alabama, California

Certification(s)/Specialty: Neurology, Neuromuscular 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 54 year old male sustained an industrial injury to the neck and shoulders on 11-5-11. Previous treatment included left rotator cuff repair (1-26-12), left biceps repair (2-24-12), transcutaneous electrical nerve stimulator unit, H-wave and medications. Magnetic resonance imaging cervical spine (4-8-15) showed multilevel spondylosis. In a PR-2 dated 12-15-14, the injured worker complained of persistent neck and bilateral shoulder pain, rated 9 out of 10 on the visual analog scale without medications and 5 out of 10 with medications. The treatment plan included continuing Fentanyl and Norco and a random urine drug screen. In the most recent documentation submitted for review, a PR-2 dated 7-9-15, the injured worker complained of ongoing neck and bilateral shoulder pain rated 8 out of 10 on the visual analog scale without medications and 3 out of 10 with medications. The injured worker reported that Norco and Fentanyl patches worked well for pain. The injured worker also continued with problems with blood clots in his legs. The injured worker had a history of pulmonary embolism. The injured worker reported that his primary care physician had also been checking his kidneys due to some decreased function. Physical exam was remarkable for significantly limited range of motion to the cervical spine with tenderness to palpation of the cervical spine paraspinal musculature. Current diagnoses included neck pain, left shoulder pain, status post left rotator cuff repair and left biceps repair and right shoulder pain. The treatment plan included continuing Fentanyl, Norco, Amitriptyline and Lidoderm patches and a referral for a vascular specialist. The original Utilization Review (8-20-15) partially certified a request for Norco to allow for weaning and non-certified a request for Fentanyl patches noting lack of documentation of previous urine drug screen results.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective request for Norco 10/325mg, #180, date of service: 08/06/2015: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004, and Shoulder Complaints 2004, and Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

**Decision rationale:** According to MTUS guidelines, Norco (Hydrocodone/Acetaminophen) is a synthetic opioid indicated for the pain management but not recommended as a first line oral analgesic. In addition and according to MTUS guidelines, ongoing use of opioids should follow specific rules: (a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy. (b) The lowest possible dose should be prescribed to improve pain and function. (c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework. In this case, Norco was used for longtime without documentation of functional improvement. In addition, there is no recent evidence of monitoring for medication compliance, including UDS. Therefore, the retrospective prescription of Norco 10/325mg #180 is not medically necessary.

**Retrospective request for Fentanyl patches 50mcg, #10, date of service: 08/06/2015: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004, and Shoulder Complaints 2004, and Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

**Decision rationale:** According to MTUS guidelines, long acting opioids are highly potent form of opiate analgesic. Establishing a treatment plan, looking for alternatives to treatment, assessing the efficacy of the drug, using the lowest possible dose and considering multiple disciplinary approach if high dose is needed or if the pain does not improve after 3 months of treatment. Fentanyl is indicated for the management of moderate to severe chronic pain that requires continuous around the clock opioid therapy and that is resistant to alternative therapies. There is no documentation in the patient's records supporting functional improvement from the previous use of Fentanyl. There is no recent evidence of monitoring for medication compliance, including UDS. Based on the above, Retrospective request for Fentanyl patches 50mcg, #10 is not medically necessary.