

<b>Case Number:</b>	CM15-0180926		
<b>Date Assigned:</b>	09/22/2015	<b>Date of Injury:</b>	12/29/1995
<b>Decision Date:</b>	11/02/2015	<b>UR Denial Date:</b>	09/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/14/2015

### 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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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 45 year old female, who sustained an industrial injury on 12-29-1995. She has reported subsequent back pain and was diagnosed with thoracic back pain. MRI of the thoracic spine dated 06-22-2015 showed status post fusion at T4-T5 and exaggerated kyphosis of the upper thoracic spine and mild thoracic levoscoliosis. Treatment to date has oral and topical pain medication, physical therapy, cognitive behavioral therapy, massage, cortisone injections, trigger point injections and surgery that provided some pain relief. Norco was noted as being prescribed since at least 11-24-2014 and Fentanyl patch was prescribed since at least 04-20-2015. In a progress note dated 08-26-2015, the injured worker reported not sleeping well and aching bones. Cortisone injections were noted to provide 1 week of pain relief. The injured worker was noted to have been discharged from the practice for the worker's comp claim but had not yet been able to find another doctor. The physician noted that the injured worker continued to use marijuana and alcohol to keep off Oxycontin. There was no documentation as to the severity of pain before and after the use of medication or the injured worker's functional status. Objective examination findings showed pain with rotation of the thoracic spine, tenderness of the thoracic spinous processes especially at T3-T6 and tenderness of the paraspinal thoracic muscles. Work status was documented as off work. A request for authorization of Fentanyl 12 #10 and Hydrocodone-APAP 10-325 mg #45 was submitted. As per the 09-03-2015 utilization review, the requests for Fentanyl 12 #10 and Hydrocodone-APAP 10-325 mg #45 were non-certified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Fentanyl 12 #10: Upheld**

**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): Fentanyl, 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.

**Decision rationale:** The fentanyl patch is a medication in the opioid class. The MTUS Guidelines stress the lowest possible dose of opioid medications should be prescribed to improve pain and function, and active monitoring of outcomes over time should affect treatment decisions. The Guidelines recommend that the total opioid daily dose should be lower than 120mg oral morphine equivalents. Documentation of pain assessments should include the current pain intensity, the lowest intensity of pain since the last assessment, the average pain intensity, pain intensity after taking the opioid medication, the amount of time it takes to achieve pain relief after taking the opioid medication, the frequency medications are used, and the length of time the pain relief lasts. Acceptable results include improved function, decreased pain, and/or improved quality of life. The MTUS Guidelines recommend opioids be continued when the worker has returned to work and if the worker has improved function and pain control. When these criteria are not met, an individualized taper of medication is recommended to avoid withdrawal symptoms. The submitted and reviewed documentation indicated the worker was experiencing mid-back pain, aching bones, and problems sleeping. The recorded pain assessments were minimal and contained few of the elements suggested by the Guidelines. There was no discussion detailing how this medication improved the worker's function, describing how often the medication was needed and used by the worker, exploring the potential negative side effects, or providing an individualized risk assessment. In the absence of such evidence, the current request for ten fentanyl 12mcg/h patches is not medically necessary.

**Hydrocodone/APAP 10/325mg #45: Upheld**

**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:** Hydrocodone with acetaminophen is a combination medication in the opioid and pain reliever classes. The MTUS Guidelines stress the lowest possible dose of opioid medications should be prescribed to improve pain and function, and monitoring of outcomes over time should affect treatment decisions. The Guidelines recommend that the total opioid daily dose should be lower than 120mg oral morphine equivalents. Documentation of pain assessments should include the current pain intensity, the lowest intensity of pain since the last assessment, the average pain intensity, pain intensity after taking the opioid medication, the amount of time it takes to achieve pain relief after taking the opioid medication, and the length of time the pain relief lasts. Acceptable results include improved function, decreased pain, and/or improved quality of life. The MTUS Guidelines recommend opioids be continued when the worker has returned to work and if the worker has improved function and pain control. When these criteria are not met, a slow individualized taper of medication is recommended to avoid withdrawal symptoms. The submitted documentation indicated the worker was experiencing mid-back pain, aching bones, and problems sleeping. The recorded pain assessments were minimal and contained few of the elements suggested by the Guidelines. It was unclear if the worker had used this medication in the past. There was no discussion detailing how this medication improved the worker's function, describing how often the medication was needed and used by the worker, exploring the potential negative side effects, or providing an individualized risk assessment. In the absence of such evidence, the current request for 45 tablets of hydrocodone with acetaminophen 10/325mg one tablet taken up to four times daily as needed for pain is not medically necessary. Because the potentially serious risks outweigh the benefits in this situation based on the submitted documentation, an individualized taper should be able to be completed with the medication the worker has available.