

<b>Case Number:</b>	CM15-0190307		
<b>Date Assigned:</b>	10/05/2015	<b>Date of Injury:</b>	04/01/1993
<b>Decision Date:</b>	11/10/2015	<b>UR Denial Date:</b>	09/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/28/2015

### 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: Family Practice

### 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 69 year old female with a date of injury on 04-01-1993. The injured worker is undergoing treatment for cervicobrachial syndrome, neck pain, medial epicondylitis, myoclonus and post-traumatic stress disorder. In a physician note dated 05-12-2015 the injured worker continues on Fentanyl and Norco with continued benefits. She is compliant with the use of her medications. In a physician noted 07-15-2015 it is documented the injured worker has been maintained on the same Fentanyl dosage for many years and continues to have significant functional and palliative benefits. She has reported improvements in performing household chores. An Opioid pain contract agreement and random urine drug screens will continue to be performed to insure compliance with treatment guidelines. A physician note dated 07-29-2015 it is documented the injured worker continues to do well with the Fentanyl and Norco. A physician progress note dated 08-25-2015 documents the injured worker continues to do well with the usage of Fentanyl patch and Norco for pain and for improvement in function. She has been having some spasms in the neck, upper back, and both upper extremities. She is alert and cooperative. She has myofascial spasms and guarding noted in the bilateral cervical paraspinous region and involving the bilateral trapezii and scapular borders. She has restricted range of motion and pain in the left wrist, she has tenderness over the right acromion and she had limited range of motion of the right shoulder. The physician documents an attempt to make changes in her medicine regime in 2012 but it was not tolerated. "In the future we do feel she would benefit from a trial of gradual decrease in Fentanyl form 100mcg/hr to 87mcg/hr with 75 and 12 mcg/hr patches." Now the injured worker does not want to make any changes because she feels stable.

Treatment to date has included diagnostic studies, medications, psychotherapy, use of a Transcutaneous Electrical Nerve Stimulation unit, massage, physical therapy, acupuncture, and continues with a home exercise program. Current medications include Norco (since at least 03-10-2015), Lidocaine cream, Topiramate, Zolpidem, Klonopin, Lexapro, Baclofen, Bupropion, Flector patch, Senna, Tizanidine HCL, Docusate Sodium, Ranitidine, Fentanyl patch (on for many years), Evista, Fish oil, Multivitamin with minerals, Zantac, Abilify, Lamictal, Zoloft, and Clonazepam. On 09-03-2015 Utilization Review non-certified the requests for Fentanyl 100mcg/hr patch #15, and Norco 10/325mg #120.

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

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

**Norco 10/325mg #120:** 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, criteria for use, Opioids for chronic pain, Opioids, differentiation: dependence & addiction, Opioids, indicators for addiction, Opioids, long-term assessment.

**Decision rationale:** The MTUS/Chronic Pain Medical Treatment Guidelines comment on the long-term use of opioids, including Norco. These guidelines have established criteria of the use of opioids for the ongoing management of pain. Actions should include: prescriptions from a single practitioner and from a single pharmacy. The lowest possible dose should be prescribed to improve pain and function. There should be an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. Pain assessment should include: current pain, the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. There should be evidence of documentation of the 4 As for Ongoing Monitoring. These four domains include: pain relief, side effects, physical and psychological functioning, and the occurrence of any potentially aberrant drug-related behaviors. Further, there should be consideration of a consultation with a multidisciplinary pain clinic if doses of opioids are required beyond what is usually required for the condition or pain that does not improve on opioids in 3 months. There should be consideration of an addiction medicine consult if there is evidence of substance misuse (Pages 76-78). Finally, the guidelines indicate that for chronic pain, the long-term efficacy of opioids is unclear. Failure to respond to a time-limited course of opioids has led to the suggestion of reassessment and consideration of alternative therapy (Page 80). Based on the review of the medical records, there is insufficient documentation in support of these stated MTUS/Chronic Pain Medical Treatment Guidelines for the ongoing use of opioids. There is insufficient documentation of the 4 As for Ongoing Monitoring. The treatment course of opioids in this patient has extended well beyond the time frame required for a reassessment of therapy. In summary, there is insufficient documentation to support the chronic use of an opioid in this patient. Continued treatment with Norco 10/325 mg is not considered as medically necessary.

**Fentanyl 100mcg/hr patch #15: 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 for chronic pain, Opioids, criteria for use, Opioids, differentiation: dependence & addiction, Opioids, long-term assessment.

**Decision rationale:** The MTUS/Chronic Pain Medical Treatment Guidelines comment on the long-term use of opioids, including Fentanyl. These guidelines have established criteria of the use of opioids for the ongoing management of pain. Actions should include: prescriptions from a single practitioner and from a single pharmacy. The lowest possible dose should be prescribed to improve pain and function. There should be an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. Pain assessment should include: current pain, the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. There should be evidence of documentation of the 4 As for Ongoing Monitoring. These four domains include: pain relief, side effects, physical and psychological functioning, and the occurrence of any potentially aberrant drug-related behaviors. Further, there should be consideration of a consultation with a multidisciplinary pain clinic if doses of opioids are required beyond what is usually required for the condition or pain that does not improve on opioids in 3 months. There should be consideration of an addiction medicine consult if there is evidence of substance misuse (Pages 76-78). Finally, the guidelines indicate that for chronic pain, the long-term efficacy of opioids is unclear. Failure to respond to a time-limited course of opioids has led to the suggestion of reassessment and consideration of alternative therapy (Page 80). Based on the review of the medical records, there is insufficient documentation in support of these stated MTUS/Chronic Pain Medical Treatment Guidelines for the ongoing use of opioids. There is insufficient documentation of the 4 As for Ongoing Monitoring. The treatment course of opioids in this patient has extended well beyond the time frame required for a reassessment of therapy. In summary, there is insufficient documentation to support the chronic use of an opioid in this patient. Ongoing treatment with Fentanyl 100 mcg/hr patch is not considered as medically necessary.