

<b>Case Number:</b>	CM15-0192346		
<b>Date Assigned:</b>	10/06/2015	<b>Date of Injury:</b>	11/02/1998
<b>Decision Date:</b>	11/16/2015	<b>UR Denial Date:</b>	09/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/30/2015

### 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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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:

The injured worker is a 70-year-old male, who sustained an industrial injury on 11-2-98. The injured worker was diagnosed as having shoulder pain, rotator cuff syndrome, lumbar degenerative disc disease, bilateral carpal and cubital tunnel syndrome and cervical disc disease with fusion at C3-C4 and C5-C6. Medical records (2-2-15 through 8-13-15) indicated 2-4 out of 10 pain with medications and 8-9 out of 10 pain without medications. The physical exam (6-17-15 through 8-13-15) revealed a negative straight leg raise test, a positive Tinel's test in the right wrist and bilateral elbows and an antalgic gait. As of the PR2 dated 9-11-15, the injured worker reports neck pain that radiates to the right side of the head, low back pain, medial elbow pain and burning pain in the feet and left lower leg. He rates his pain 8 out of 10 without medications and 2 out of 10 with medications. Objective findings include a negative straight leg raise test, a positive Tinel's test in the right wrist and bilateral elbows and an antalgic gait. Current medications include Cymbalta, Prilosec, Amphetamine-Dextroamphetamine, Clonazepam, Percocet (since at least 2-2-15) and Duragesic patch (since at least 2-2-15). Treatment to date has included a left AFO device, an EMG study of the bilateral upper extremities on 11-4-14 and psychiatric treatments. The urine drug screen on 5-15-15 was consistent for prescribed medications. On 9-17-15, the treating physician requested a Utilization Review for Duragesic patch 75mcg/hr #15 and Percocet 10-325mg #90. The Utilization Review dated 9-21-15, non-certified the request for Percocet 10-325mg #90 and modified the request for Duragesic patch 75mcg/hr #15 to Duragesic patch 75mcg/hr #5.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Duragesic patches 75mcg/hr #15:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, dosing.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain, Opioids for neuropathic pain, Opioids, dosing, Opioids, specific drug list.

**Decision rationale:** Duragesic patches 75mcg/hr #15 is not medically necessary per the MTUS Guidelines. The MTUS states that Fentanyl is an opioid analgesic with potency eighty times that of morphine. Weaker opioids are less likely to produce adverse effects than stronger opioids such as fentanyl. The MTUS recommends that opioid dosing not exceed 120 mg oral morphine equivalents per day, and for patients taking more than one opioid, the morphine equivalent doses of the different opioids must be added together to determine the cumulative dose. The MTUS states that opioids for chronic low back pain appear to be efficacious but limited for short-term pain relief, and long term efficacy is unclear (>16 weeks), but also appears limited. Failure to respond to a time-limited course of opioids has led to the suggestion of reassessment and consideration of alternative therapy. There is no evidence to recommend one opioid over another. Opioids are minimally indicated, if at all, for chronic non-specific pain, OA, or "mechanical and compressive etiologies". The documentation indicates that the patient is using over 120mg oral morphine equivalents daily. The documentation indicates that the patient has been on long term opioids for chronic low back pain and for compressive/mechanical etiologies, which is not supported by the MTUS. The documentation indicates that there have been multiple prior recommendations for weaning due to lack of significant increase in function. The request for Duragesic is not medically necessary.

### **Percocet 10/325mg #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain, Opioids for neuropathic pain, Opioids, dosing, Opioids, long-term assessment.

**Decision rationale:** Percocet 10/325mg #90 is not medically necessary per the MTUS Guidelines. The MTUS recommends that opioid dosing not exceed 120 mg oral morphine equivalents per day, and for patients taking more than one opioid, the morphine equivalent doses of the different opioids must be added together to determine the cumulative dose. The MTUS states that opioids for chronic low back pain appear to be efficacious but limited for short-term pain relief, and long term efficacy is unclear (>16 weeks), but also appears limited. Failure to respond to a time-limited course of opioids has led to the suggestion of reassessment and

consideration of alternative therapy. There is no evidence to recommend one opioid over another. Opioids are minimally indicated, if at all, for chronic non-specific pain, OA, or "mechanical and compressive etiologies". The documentation indicates that the patient is using over 120mg oral morphine equivalents daily. The documentation indicates that the patient has been on long term opioids for chronic low back pain and for compressive/mechanical etiologies which is not supported by the MTUS. The documentation indicates that there have been multiple prior recommendations for weaning due to lack of significant increase in function. The request for Percocet is not medically necessary.