

<b>Case Number:</b>	CM15-0216621		
<b>Date Assigned:</b>	11/06/2015	<b>Date of Injury:</b>	09/12/2001
<b>Decision Date:</b>	12/23/2015	<b>UR Denial Date:</b>	11/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/03/2015

### 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:

This 38 year old female sustained an industrial injury on 9-12-01. Documentation indicated that the injured worker was receiving treatment for low back pain. Previous treatment included lumbar fusion, hardware removal, physical therapy and medications. In a PR-2 dated 3-10-15, the injured worker complained of increased diffuse body pain as well as ongoing back and hip pain associated with hypersensitivity to touch. The injured worker rated her pain 8 to 10 out of 10 on the visual analog scale without medications and 5 to 7 out of 10 with medications. Physical exam was remarkable for lumbar spine with guarding, "slowed movements", "limited" range of motion and diffuse tenderness to palpation at the lumbosacral junction. The injured worker had difficulty changing positions and had dyskinetic recovery from a forward flexed position. The injured worker stated that medications decreased her pain and increased function. The treatment plan included consultation with her primary care physician to rule out causes for her increased pain and continuing medications (Zanaflex, Fentanyl and Norco). In PR-2's dated 5-19-15, 6-14-15 and 8-12-15, the injured worker complained of pain rated 8 to 12 out of 10 without medications and 4 to 7 with medications. In a PR-2 dated 10-8-15, the injured worker complained of ongoing pain in her shoulders, upper back, mid back, low back and buttocks associated with spasms, burning, numbness and tingling. The injured worker rated her pain 7 to 10 without medications and 4 to 5 with medications. The treatment plan included continuing medications (Fentanyl and Norco). On 11-7-15, Utilization Review noncertified a request for Norco 10-325mg #110 and modified a request for Fentanyl 75mcg#15 to Fentanyl 75mgc #10.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325 mg Qty 110:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain, Opioids, dosing. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter/ Opioids for chronic pain.

**Decision rationale:** The long term utilization of opioids is not supported for chronic non-malignant pain due to the development of habituation and tolerance. As noted in the MTUS guidelines, a recent epidemiologic study found that opioid treatment for chronic non-malignant pain did not seem to fulfill any of key outcome goals including pain relief, improved quality of life, and/or improved functional capacity. The MTUS guidelines also note that opioid tolerance develops with the repeated use of opioids and brings about the need to increase the dose and may lead to sensitization. As noted in the MTUS guidelines, it is now clear that analgesia may not occur with open-ended escalation of opioids. It has also become apparent that analgesia is not always sustained over time, and that pain may be improved with weaning of opioids. Furthermore, per the MTUS guidelines, in order to support ongoing opioid use, there should be improvement in pain and function. The medical records do not establish significant improvement in pain or function to support the ongoing use of opioids. Moreover, The MTUS guidelines recommend a ceiling of 120 MED (morphine equivalent dosage) and the current MED of 290 far exceeds the recommended amount. Per ODG, risks of adverse effects are documented in the literature at doses as low as 50 MED. Adverse effects include serious fractures, sleep apnea, hyperalgesia, immunosuppression, chronic constipation, bowel obstruction, myocardial infarction, and tooth decay due to xerostomia. Neuroendocrine problems include decreased libido, osteoporosis, and depression. The medical records note that prior utilization has allowed for weaning of Norco. The request for Norco 10/325 mg Qty 110 is therefore not medically necessary and appropriate.

**Fentanyl 75 mcg Qty 15:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Duragesic (fentanyl transdermal system).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain, Opioids, dosing. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter/ Opioids for chronic pain.

**Decision rationale:** The long term utilization of opioids is not supported for chronic non-malignant pain due to the development of habituation and tolerance. As noted in the MTUS

guidelines, a recent epidemiologic study found that opioid treatment for chronic non-malignant pain did not seem to fulfill any of key outcome goals including pain relief, improved quality of life, and/or improved functional capacity. The MTUS guidelines also note that opioid tolerance develops with the repeated use of opioids and brings about the need to increase the dose and may lead to sensitization. As noted in the MTUS guidelines, it is now clear that analgesia may not occur with open-ended escalation of opioids. It has also become apparent that analgesia is not always sustained over time, and that pain may be improved with weaning of opioids. Furthermore, per the MTUS guidelines, in order to support ongoing opioid use, there should be improvement in pain and function. The medical records do not establish significant improvement in pain or function to support the ongoing use of opioids. Moreover, The MTUS guidelines recommend a ceiling of 120 MED (morphine equivalent dosage) and the current cumulative MED of 290 far exceeds the recommended amount. Per ODG, risks of adverse effects are documented in the literature at doses as low as 50 MED. Adverse effects include serious fractures, sleep apnea, hyperalgesia, immunosuppression, chronic constipation, bowel obstruction, myocardial infarction, and tooth decay due to xerostomia. Neuroendocrine problems include decreased libido, osteoporosis, and depression. The medical records note that prior utilization has allowed for weaning of Norco. The request for Fentanyl 75 mcg Qty 15 is therefore not medically necessary and appropriate.