

<b>Case Number:</b>	CM15-0061026		
<b>Date Assigned:</b>	04/07/2015	<b>Date of Injury:</b>	10/01/1991
<b>Decision Date:</b>	05/12/2015	<b>UR Denial Date:</b>	03/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/31/2015

### 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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational 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 89-year-old male sustained an industrial injury to the back and neck on 10/1/91. Previous treatment included cervical spine surgery, epidural steroid injections and medications. In a PR-2 dated 3/2/5, the injured worker complained of ongoing neck and low back pain rated at 9/10 without medications and 4/10 with medications. Physical exam was remarkable for antalgic gait, lumbar spine with severely decreased range of motion and cervical spine with minimal movement in all planes. Current diagnoses included myalgia and myositis, cervical spine post laminectomy syndrome, lumbar spine spondylosis, neuralgia, neuritis and radiculitis and chronic back pain. The treatment plan included continuing medications (Neurontin and Norco).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydrocodone-Acetaminophen 10/325mg, 1 tablet 4x a day as needed for pain, #120:**

Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use; Opioids, specific drug list; Weaning of Medications Page(s): 76-78, 91, 124.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids  
Page(s): 78-81.

**Decision rationale:** The injured worker sustained a work related injury on 10/1/91. The medical records provided indicate the diagnosis of myalgia and myositis, cervical spine post laminectomy syndrome, lumbar spine spondylosis, neuralgia, neuritis and radiculitis and chronic back pain. The treatments have included cervical spine surgery, epidural steroid injections and medications. The medical records provided for review do not indicate a medical necessity for Hydrocodone-Acetaminophen 10/325mg, 1 tablet 4x a day as needed for pain, #120 The MTUS recommends the use of the lowest dose of opioids for the short term treatment of moderate to severe pain. The MTUS does not recommend the use of opioids for longer than 70 days in the treatment of chronic pain due to worsening adverse effects and lack of research in support of benefit. Also, the MTUS recommends that individuals on opioid maintenance treatment be monitored for analgesia (pain control), activities of daily living, adverse effects and aberrant behavior. Guideline recommends discontinuation of opioid treatment if there is no documented evidence of overall improvement or if there is evidence of illegal activity or drug abuse or adverse effect with the opioid medication. In addition, the MTUS recommends not more than 120 morphine equivalents of opioids in a day. Furthermore, the MTUS recommends the adoption of outcomes measures to determine the effectiveness of opioid treatment, rather than focusing on pain severity. The outcome measures include measures of functioning, appropriate medication use, and side effects. Measures of pain assessment include documentation of 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. Based on the above measures, the MTUS concluded that 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 records indicate the use of opioids predates 11/2014, at more than 120 morphine equivalents in a single day. Although the records indicate pain improvement of 9/10 without medications and 4/10 with medications since 2014. The records do not indicate the injured worker is being evaluated with measures of pain assessment. Therefore, the request is not medically necessary.

**Duragesic (Fentanyl) 50mcg/hr patch 72 hours, apply 1 patch to skin every 72 hours, #10:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list Page(s): 93.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids  
Page(s): 78-81, 93.

**Decision rationale:** The injured worker sustained a work related injury on 10/1/91. The medical records provided indicate the diagnosis of myalgia and myositis, cervical spine post laminectomy syndrome, lumbar spine spondylosis, neuralgia, neuritis and radiculitis and chronic back pain. The treatments have included cervical spine surgery, epidural steroid injections and medications. The medical records provided for review do not indicate a medical necessity for Duragesic (Fentanyl) 50mcg/hr patch 72 hours, apply 1 patch to skin every 72 hours, #10. The MTUS

recommends the use of the lowest dose of opioids for the short-term treatment of moderate to severe pain. The MTUS does not recommend the use of opioids for longer than 70 days in the treatment of chronic pain due to worsening adverse effects and lack of research in support of benefit. Also, the MTUS recommends that individuals on opioid maintenance treatment be monitored for analgesia (pain control), activities of daily living, adverse effects and aberrant behavior. Guideline recommends discontinuation of opioid treatment if there is no documented evidence of overall improvement or if there is evidence of illegal activity or drug abuse or adverse effect with the opioid medication. In addition, the MTUS recommends not more than 120 morphine equivalents of opioids in a day. Furthermore, the MTUS recommends the adoption of outcomes measures to determine the effectiveness of opioid treatment, rather than focusing on pain severity. The outcome measures include measures of functioning, appropriate medication use, and side effects. Measures of pain assessment include documentation of 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. Based on the above measures, the MTUS concluded that 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. Fentanyl transdermal (Duragesic), is indicated for management of moderate to severe persistent chronic pain requiring continuous, around-the-clock opioid therapy for pain that cannot be managed by other means (e.g., NSAIDS). The records indicate the use of opioids predates 11/2014, at more than 120 morphine equivalents in a single day. Although the records indicate pain, improvement of 9/10 without medications and 4/10 with medication, the records do not indicate the injured worker is being evaluated with measures of pain assessment, neither does it indicate the injured worker cannot respond to other means, nor does it indicate the injured worker has developed tolerance to opioids. Therefore, the request is not medically necessary.