

<b>Case Number:</b>	CM15-0061782		
<b>Date Assigned:</b>	04/07/2015	<b>Date of Injury:</b>	09/25/2011
<b>Decision Date:</b>	08/07/2015	<b>UR Denial Date:</b>	03/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/01/2015

### 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: Arizona, 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 is a 55 year old female with a September 25, 2011 date of injury. A progress note dated February 23, 2015 documents subjective complaints (ongoing lower back pain primarily on the left side shooting down the buttocks and down in the left hip and down the left leg; migraine today; left middle back pain; left upper back pain; pain rated at a level of 2/10 with medications), objective findings (lumbar spine tenderness at the facet joint; decreased range of motion of the lumbar spine), and current diagnoses (lower back pain; sacroiliac joint dysfunction; trochanteric bursitis; hip/pelvic pain). Treatments to date have included medications. The medical record indicates that medications help control the pain. The treating physician documented a plan of care that included Duragesic patches, Nucynta, and a Toradol injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Duragesic Dis 100mcg/h:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opiates.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Duragesic/Fentanyl Page(s): 47.

**Decision rationale:** According to the guidelines, Fentanyl/Duragesic is an opioid analgesic with potency eighty times that of morphine. Fentanyl is not recommended as a first-line therapy. The FDA-approved product labeling states that Fentanyl is indicated in the management of chronic pain in patients who require continuous opioid analgesia for pain that cannot be managed by other means. In this case, the claimant was on Duragesic along with Nucynta which exceeded the combined daily recommended dose of 120 mg Morphine equivalence. Future use of Duragesic with Ibuprofen indicated no pain relief with Duragesic. The use of Duragesic is not medically necessary.

**Nucynta tab 75mg:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Nucynta.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 82-92.

**Decision rationale:** According to the MTUS guidelines, medications such as Nucynta are not indicated as 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Nucynta for several months in combination with Duragesic and Toradol. The combined opioid dose exceeded the 120 mg of Morphine equivalent recommended daily. In addition, pain relief attributed to Nucynta alone is unknown. The continued use of Nucynta is not medically necessary.

**Toradol 60mg injection:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Ketorolac (Toradol, generic available).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67.

**Decision rationale:** According to the guidelines, NSAIDs are recommended as a second-line treatment after acetaminophen. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain. NSAIDs are recommended as an option for short-term symptomatic relief. In this case, the claimant had received daily Toradol injections for several months in combination with Opioids. There was no indication of Tylenol failure. Long-term NSAID use has renal and GI risks. The claimant was subsequently changed to oral NSAIDS. There was no indication to provide IM NSAIDs. The IM Toradol was not medically necessary.