

<b>Case Number:</b>	CM15-0065171		
<b>Date Assigned:</b>	04/13/2015	<b>Date of Injury:</b>	11/20/2003
<b>Decision Date:</b>	07/01/2015	<b>UR Denial Date:</b>	03/31/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/06/2015

### 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, New York, California  
 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:

The applicant is a represented 62-year-old who has filed a claim for chronic neck and low back pain reportedly associated with an industrial injury of November 20, 2003. In a Utilization Review report dated March 31, 2015, the claims administrator failed to approve requests for fentanyl (Duragesic), Voltaren gel, and Norco. The claims administrator referenced a RFA form dated March 11, 2015 in its determination. The applicant's attorney subsequently appealed. In a handwritten progress note dated March 11, 2015, the applicant reported ongoing complaints of neck and low back pain. The applicant was placed off work and had been deemed "permanently disabled," it was reported. In an associated typewritten report of March 11, 2015, the applicant reported ongoing complaints of neck and low back pain. The applicant was using Abilify, allopurinol, Crestor, Dexilant, Duragesic, Lexapro, losartan-hydrochlorothiazide, Lyrica, Norco, Plavix, ropinirole, Voltaren gel, and Coumadin, it was reported. The applicant was described as slightly obese, with a BMI of 34. The applicant was a "lot less active" owing to his various chronic pain complaints, it was reported. Multiple medications were renewed and/or continued. In an earlier note dated February 3, 2015, handwritten, the applicant was again described as "permanently" disabled. Little-to-no discussion of medication efficacy transpired on this date.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Fentanyl 15mcg patch, QTY: 15: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Duragesic (Fentanyl transdermal system) Page(s): 44, 47.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

**Decision rationale:** No, the request for Fentanyl (Duragesic), a long-acting opioid, was not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant was off work, it was suggested on multiple progress notes of early 2015. The applicant had been deemed permanently disabled; it was reported on several occasions. The attending provider noted that the applicant was a "lot less active" secondary to various chronic pain complaints. The attending provider failed to outline meaningful, material improvements, or functional or quantifiable decrements in pain effected as a result of ongoing Fentanyl (Duragesic) usage. Therefore, the request was not medically necessary.

**Fentanyl 100mcg patch, QTY: 15: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Duragesic (Fentanyl transdermal system) Page(s): 44, 47.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

**Decision rationale:** No, the request for Fentanyl (Duragesic), a long-acting opioid, was not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant was off work, it was suggested on multiple progress notes of early 2015. The applicant had been deemed permanently disabled; it was reported on several occasions. The attending provider noted that the applicant was a "lot less active" secondary to various chronic pain complaints. The attending provider failed to outline meaningful, material improvements in function or quantifiable decrements in pain affected as a result of ongoing Fentanyl (Duragesic) usage. Therefore, the request was not medically necessary.

**Voltaren 1% gel 100gm QTY: 1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Voltaren Gel 1% (Diclofenac) Page(s): 112.

**Decision rationale:** Similarly, the request for Voltaren gel was likewise not medically necessary, medically appropriate, or indicated here. Page 112 of the MTUS Chronic Pain Medical Treatment Guidelines notes that topical Voltaren has "not been evaluated" for treatment of the spine, hip, and/or shoulder. Here, the applicant's primary pain generator was, in fact, the lumbar spine, i.e., a body part for which topical Voltaren has not been evaluated, per page 112 of the MTUS Chronic Pain Medical Treatment Guidelines. The attending provider failed to furnish a compelling rationale for selection of this particular agent in the face of the unfavorable MTUS position on the same for the body part for which it was endorsed. Therefore, the request was not medically necessary.

**Norco 10/325mg QTY: 120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

**Decision rationale:** Finally, the request for Norco, a short-acting opioid, was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant was off work, it was suggested on multiple progress notes of early 2015. The applicant had been deemed permanently disabled; it was reported on those dates. The attending provider failed to outline evidence of meaningful, material improvements in function or quantifiable decrements in pain affected as a result of ongoing Norco usage (if any). Therefore, the request was not medically necessary.