

Case Number:	CM15-0084437		
Date Assigned:	05/06/2015	Date of Injury:	04/15/1999
Decision Date:	06/05/2015	UR Denial Date:	04/07/2015
Priority:	Standard	Application Received:	05/01/2015

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: North Carolina
 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:

The injured worker is a 63-year-old female, with a reported date of injury of 01/05/1999. The diagnoses include shoulder joint pain, myofascial pain syndrome/fibromyalgia, headache, and reflex sympathetic dystrophy syndrome of the upper limb. Treatments to date have included urine drug tests, oral medications, and topical pain medications. The progress report dated 03/31/2015 indicates that the injured worker complained of ongoing left shoulder pain with radiation down the left arm. She also complained of left wrist pain. It was noted that she had some issues with the Duragesic patch, being that it was no available to her and this had been ongoing for a week, and she went through severe withdrawals. The injured worker was now over the withdrawals and was doing much better; however, she did not want to restart the patch. The injured worker wanted to continue with her Norco, but increased it to six tablets per day. It was noted that she wanted a prescription for Lidoderm patches to be applied to her shoulder and wrist. The injured worker did not show any abnormal behavior. The pain was rated 6 out of 10 with medications, and 10 out of 10 without medications. The physical examination of the left upper extremity showed tenderness at the left subacromial region; left bicipital tenderness; tenderness at the left acromioclavicular joint; pain with resisted abduction; pain with resisted internal rotation; pain with resisted external rotation; and mild scapular winging. The injured worker rated her pain 9 out of 10 with medications and 10 out of 10 without medications on 03/02/2015. There was no documentation about functional improvement in the medical records provided for review. The treating physician requested Duragesic transdermal patch and Norco 10/325mg #170. On 04/07/2015, Utilization Review (UR) denied the request for Duragesic

transdermal patch and noted that there was no documentation of pain relief, function, side effects, and appropriate medication use; and modified the request for Norco 10/325mg #170 to Norco 10/325mg #85 and recommended weaned discontinuation over two months.

IMR ISSUES, DECISIONS AND RATIONALES

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

3 Duragesic 25mg/hr transdermal patch #10; 1 patch q3d for cervical spine pain; 30 day fill; 0 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 76-84.

Decision rationale: The California chronic pain medical treatment guidelines section on opioids states for ongoing management: On-Going Management. Actions Should Include: (a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy. (b) The lowest possible dose should be prescribed to improve pain and function. (c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: 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 relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. (Passik, 2000)(d) Home: To aid in pain and functioning assessment, the patient should be requested to keep a pain diary that includes entries such as pain triggers, and incidence of end-of-dose pain. It should be emphasized that using this diary will help in tailoring the opioid dose. This should not be a requirement for pain management. (e) Use of drug screening or inpatient treatment with issues of abuse, addiction, or poor pain control. (f) Documentation of misuse of medications (doctor-shopping, uncontrolled drug escalation, drug diversion). (g) Continuing review of overall situation with regard to non-opioid means of pain control. (h) Consideration of a consultation with a multidisciplinary pain clinic if doses of opioids are required beyond what is usually required for the condition or pain does not improve on opioids in 3 months. Consider a psych consult if there is evidence of depression, anxiety or irritability. Consider an addiction medicine consult if there is evidence of substance misuse. When to Continue Opioids (a) If the patient has returned to work. (b) If the patient has improved functioning and pain. (Washington, 2002) (Colorado, 2002) (Ontario, 2000) (VA/DoD, 2003)

(Maddox-AAPM/APS, 1997) (Wisconsin, 2004) (Warfield, 2004) The long-term use of this medication class is not recommended per the California MTUS unless there documented evidence of benefit with measurable outcome measures and improvement in function. There is no documented significant decrease in objective pain measures such as VAS scores for significant periods of time. There are no objective measures of improvement of function. Therefore all criteria for the ongoing use of opioids have not been met and the request is not medically necessary.

Norco 10/325mg tab #170, 1 tab po q4-5h 30 day fill;0: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 76-84.

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