

<b>Case Number:</b>	CM14-0118400		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	04/01/2003
<b>Decision Date:</b>	10/17/2014	<b>UR Denial Date:</b>	07/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/29/2014

### 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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 65 year old female injured on 04/01/03. Diagnoses include status post lumbar hardware removal with irrigation and debridement on 12/24/13, status post L2 to L3 and L3 to L4 transforaminal lumbar interbody fusion (TLIF) with hardware removal at L4 to S1 on 04/11/13, status post multiple incision and drainage (I&D) lumbar incisions in May of 2013, a history of right sided laminotomy at L4 to L5, and status post revision decompression and posterior spinal fusion at L4 to S1 in February of 2005. The documentation indicates the injured worker requires assistance with day to day activities including light household chores, cooking, and cleaning. It is noted the injured worker has a caregiver for most of the day, sleeps in a hospital bed in the living room, requires assistance when climbing steps, and requires bed rails while in bed. The injured worker utilizes a walker when attempting to ambulate and has difficulty changing positions. The clinical note dated 06/30/14 indicated the injured worker presented complaining of severe back pain radiating into the bilateral buttocks. The injured worker reported difficulty sitting, standing, and walking for greater than several minutes due to pain. The injured worker utilized Soma 350 milligrams twice daily, Xanax 1 milligrams twice daily, Restoril 50 milligrams, Norco 7.5 milligrams quantity 180, and Duragesic 100 microgram every 48 hours. Physical assessment revealed severe tenderness on palpation with extension of the lumbar spine, guarding with motion, 4/5 muscle strength with bilateral hip flexion and knee flexion, decreased sensation to the L2 through L4 nerve distribution. CT scan of the thoracic spine performed on 06/16/14 revealed mild compression deformity at T4 through T6. CT scan of the lumbar spine performed on 06/16/14 revealed incomplete fusion at C2 to C3 and C3 to C4 level, severe disc space collapse with bilateral foraminal stenosis at the level of L1 to L2, and 50 percent loss of L2 vertebral body. The treatment plan included a prescription for Soma, Xanax, Restoril, Duragesic 100 micrograms, and Norco. The initial request for Duragesic patch 100

micrograms per hour quantity fifteen and Duragesic patch micrograms per hour quantity ten was initially noncertified on 07/09/14.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Duragesic patch 100mcg/hr #15: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids, Page(s): 77.

**Decision rationale:** As noted in the Chronic Pain Medical Treatment Guidelines, patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is no clear documentation regarding the functional benefits or any substantial functional improvement obtained with the continued use of narcotic medications. Specific examples of improved functionality should be provided to include individual activities of daily living, community activities, and exercise able to perform as a result of medication use. The injured worker is currently utilizing Norco for pain management purposes. It is noted the injured worker is not functional and lays in bed for a majority of the day. As such, Duragesic patch 100 micrograms per hour quantity fifteen cannot be recommended as medically necessary at this time. As such, the request for Duragesic patch 100mcg/hr #15 is not medically necessary and appropriate.

#### **Duragesic patch 25mcg/hr #10: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 79.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids Page(s): 77.

**Decision rationale:** There is no discussion in the recent documentation regarding the initiation or ongoing use of this medication. As such, the request for Duragesic patch 25 micrograms per hour quantity ten is not medically necessary and appropriate.