

<b>Case Number:</b>	CM14-0124884		
<b>Date Assigned:</b>	09/25/2014	<b>Date of Injury:</b>	06/22/2007
<b>Decision Date:</b>	10/27/2014	<b>UR Denial Date:</b>	07/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/07/2014

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. 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 patient is a 53 year old female with an injury date on 06/22/2007. Based on the 06/18/2014 progress report provided, the patient complains of bilateral lower extremities weakness and numbness. The patient describes her pain as aching, burning, throbbing, and radiates to the right lower extremity. Her current medications include Fentanyl transdermal patch, Lunesta, Neurontin, Norco, Omeprazole, and Zofran. The progress reports provided do not discuss any positive exam findings. The diagnoses include the following: 1. Headache 2. Thigh pain 3. Low back pain 4. Lumbar post-laminectomy syndrome The treater is requesting for Fentanyl 75 mg/hr transdermal patch, apply Q72 hours #10, refill: 0 and Norco 10 mg -325 mg tablet, 1Q3-4 H PO PRN for 30days #90, refill: 1. The utilization review determination being challenged is dated 07/18/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Fentanyl 75 mcg/hr transdermal patch, apply Q72 hours #10, refill 0:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Opioid analgesics.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 78, 88, 89.

**Decision rationale:** According to the 06/18/2014 report by the treater, this patient presents with thigh pain, headache, low back pain, psychophysiological disorder, and lumbar post-laminectomy. Fentanyl transdermal patch was first mentioned on patient's list of medications per treater report dated 12/12/2013. MTUS Guideline pages 88 and 89 state, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, activities of daily living (ADL)s, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. Based on review of the reports from 02/19/2014 to 06/18/2014, patient's pain decreases 50% when she takes medications. Patient mentions adverse side effect of constipations and no adverse behavior. The patient's ADLs are maintained in the range of "No Assistant" for bathing, toileting and dressing. "With moderate assistance for others" for cooking and driving. "Dependent upon others" for housekeeping, shopping, and yard keeping. However, review of the reports show that the 4As are nearly identical with no new information. Based on the treater's identical reports, one cannot tell what the opiates have done for the patient. Medications may be contributing to the patient's long-term functional decline. MTUS page 60 also require "record" of pain and function during each visitation and in this case, the information provided is identical from visit to visit with no new information. There is lack of numerical assessment of pain and function or the use of validated instrument to measure the patient's function.

**Norco 10mg-325mg tablet, 1Q3-4 H PO PRN for 30 days #90 Refills: 1:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 78, 88, 89.

**Decision rationale:** According to the 06/18/2014 report, this patient presents with thigh pain, headache, low back pain, psychophysiological disorder, and lumbar post-laminectomy. The treater is requesting for Norco 10 mg -325 mg tablet, 1Q3-4 H PO PRN for 30days #90, refill: 1. Norco was first mentioned on patient's list of medications per treater report dated 01/09/2014. MTUS Guideline pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. Based on review of the reports from 02/19/2014 to 06/18/2014, patient's pain decreases 50% when she takes medications. Patient mention adverse side effect of constipations and no adverse behavior. The patient's ADLs are maintained in the range of "No Assistant" for bathing, toileting and dressing. "With moderate assistance for others" for cooking and driving. "Dependent upon others" for housekeeping, shopping, and yard keeping. However, review of the reports show that the 4As are nearly identical with no new information. Based on the treater's identical reports, one cannot tell what the opiates have done

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