

<b>Case Number:</b>	CM14-0128999		
<b>Date Assigned:</b>	08/18/2014	<b>Date of Injury:</b>	08/12/1998
<b>Decision Date:</b>	10/08/2014	<b>UR Denial Date:</b>	07/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/13/2014

### 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 Pain Medicine 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 injured worker is a 65 year old male who reported an injury on 08/12/1998; the mechanism of injury was not provided. Diagnoses included peripheral neuropathy of the bilateral hands and feet. Past treatments included medication. Diagnostic studies and surgical history were not provided. The clinical note dated 09/03/2014 indicated the injured worker complained of persistent pain in the bilateral hands and feet. Physical exam revealed allodynia in the feet and hands, and degreased grip strength. Medications included Roxicodone 30 mg, Duragesic 100 mcg, Norco 10/325 mg, and Cymbalta 60 mg. The treatment plan included Roxicodone 30 g #300, and Duragesic 100 mcg #10; the rationale for treatment was not provided. The request for authorization form was completed on 09/08/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Roxicodone 30g #300:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines When to Discontinue Opioids; When to Continue Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use Page(s): 78, 86-87.

**Decision rationale:** The request for Roxicodone 30 g #300 is not medically necessary. The California MTUS Guidelines state that criteria for the "ongoing management of opioid use include ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects." The guidelines state that "the pain assessment should include current pain, the least reported pain over the period since the last assessment, average pain, and intensity of pain after taking the opioid, how long it takes for pain relief, and long pain relief lasts." Documentation should also include side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors. The injured worker has been taking Roxicodone 30 mg since at least 12/05/2013; the treatment plan is unclear, indicating a request for Roxicodone 30 grams. The opioid medications, as they were being prescribed in the clinical notes, indicated the injured worker was at a morphine equivalent dose of 311-661 mg per day, well above the guideline recommendation of 120 mg per day. There is a lack of evidence of quantified pain relief, improvement in function, or the occurrence of any potentially aberrant drug-related behaviors through the use of urine drug screens. There is also a lack of documentation to indicate the need for a morphine equivalent dose beyond the guideline recommendations. Additionally, the request indicates Roxicodone 30 g and not Roxicodone 30 mg as it had been prescribed since at least 12/05/2013; the request also lacks indicators of frequency for taking the medication. Therefore the request for Roxicodone 30 g #300 is not medically necessary.

**Duragesic 100mcg #10:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines When to Discontinue Opioids; When to Continue Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use Page(s): 78, 86-87.

**Decision rationale:** The request for Duragesic 100 mcg #10 is not medically necessary. The California MTUS Guidelines state that criteria for the "ongoing management of opioid use include ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects." The guidelines state that the pain assessment should include current pain, the least reported pain over the period since the last assessment, average pain, and intensity of pain after taking the opioid, how long it takes for pain relief, and long pain relief lasts. Documentation should also include side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors. The guidelines state that specifically Fentanyl transdermal (Duragesic), is indicated for management of persistent chronic pain, which is moderate to severe requiring continuous, around-the-clock opioid therapy. Duragesic should only be used in patients who are currently on opioid therapy for which tolerance has developed. The guidelines also recommend that dosing not exceed 120 mg oral morphine equivalents per day. The injured worker had been taking Duragesic 100 mcg since at least 12/05/2013. The opioid medications, as they were being prescribed in the clinical notes, indicated the injured worker was at a morphine equivalent dose of 311-661 mg per day, well above the guidelines recommendation of 120 mg per day. There is a lack of evidence of quantified pain relief, improvement in function, or the occurrence of any potentially aberrant drug-related behaviors through the use of urine drug screens. There is also a lack of

documentation to indicate the need for a morphine equivalent dose beyond the guideline recommendations. Additionally, the request also lacks indicators of frequency and location for using the medication. Therefore the request for Duragesic 100 mcg #10 is not medically necessary.