

<b>Case Number:</b>	CM14-0148683		
<b>Date Assigned:</b>	09/18/2014	<b>Date of Injury:</b>	12/16/2003
<b>Decision Date:</b>	12/24/2014	<b>UR Denial Date:</b>	09/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/12/2014

### 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 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:

This 56 year-old patient sustained an injury on 12/16/2003 while employed by [REDACTED]. Request(s) under consideration include Fentanyl Patches 25mcg #20 (this is a 2 month supply) dispensed 7/22/14 and Norco 10/325mg #240 (this is a two month supply) dispensed 7/22/14. Diagnoses include Lumbago/ chronic low back pain/ pain in limb/ chronic bilateral knee pain/ pain in lower leg joint/ lumbar intervertebral disc displacement. Conservative care has included medications, therapy, and modified activities/rest. Report of 7/22/14 from the provider noted the patient with chronic ongoing pain symptoms to the low back and bilateral knees. The patient was noted to have good relief from the Synvisc injection to the left knee on 6/24/14. Exam showed patient walking with cane; left knee range of motion was functional; minimal tenderness along joint line of right knee with medial joint line pain upon varus/valgus stress testing; pain in lumbar spine upon forward flex and extension movements. The request(s) for Fentanyl Patches 25mcg #20 (this is a 2 month supply) dispensed 7/22/14 and Norco 10/325mg #240 (this is a two month supply) dispensed 7/22/14 were partially-certified for weaning on 9/5/14 citing guidelines criteria and lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Fentanyl Patches 25mcg, #20 (this is a 2 month supply) dispensed 7/22/14: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80-81.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

**Decision rationale:** Fentanyl is an ultra-potent opioid, specifically cited as not recommended in the Guidelines noting no research-based pharmacological or clinical reason to prescribe for transdermal fentanyl (Duragesic) for patients with CNMP (chronic non-malignant pain). Submitted reports have not demonstrated the indication for Fentanyl for this chronic, non-malignant injury of 2003 without functional improvement from treatment already rendered. Per the MTUS Guidelines cited, opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or change in functional status. There is no evidence presented of random drug testing or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain. The Fentanyl Patches 25mcg, #20 (this is a 2 month supply) dispensed 7/22/14 is not medically necessary and appropriate.

**Norco 10/325mg,, #240 (this is a two month supply) dispensed 7/22/14:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80 -81.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids; On-Going Management Page(s): 74-96.

**Decision rationale:** Per the MTUS Guidelines cited, opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or change in work status. There is no evidence presented of random drug testing or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would

otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain for this chronic injury without acute flare, new injury, or progressive deterioration. The Norco 10/325mg, #240 (this is a two month supply) dispensed 7/22/14 is not medically necessary and appropriate.