

<b>Case Number:</b>	CM14-0158900		
<b>Date Assigned:</b>	10/02/2014	<b>Date of Injury:</b>	05/01/1997
<b>Decision Date:</b>	10/28/2014	<b>UR Denial Date:</b>	09/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/29/2014

### 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 Family Practice 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:

48 yr. old female claimant sustained a work injury on 5/1/97 involving the neck shoulder and back. She was diagnosed with degenerative disc disease of the lumbar spine, cervical radiculopathy, failed back syndrome, chronic pain syndrome, and shoulder pain. She had been on Norco, Duragesic patches and Orphenadrine since at least May 2014. A pain management note on 8/21/14 indicated the claimant had reduced her back pain about 50 to 70% with medications. She had received 2 epidural steroid injections over 2 years. Exam findings were notable for reduced range of motion of the cervical and lumbar spine. She was continued on Norco 10 mg q 4-6 hrs and Duragesic 12 mcg/hr patches q 2days.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Duragesic 12mcg/hr, 1 patch transdermal every 48 hours #15: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 12 Low Back Complaints, Chapter 14 Ankle and Foot Complaints, Chronic Pain Treatment Guidelines Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Duragesic patches Page(s): 44.

**Decision rationale:** According to the MTUS guidelines, the FDA-approved product labeling states that Duragesic is indicated in the management of chronic pain in patients who require continuous opioid analgesia for pain that cannot be managed by other means. It is not recommended as a first-line therapy. There is no indication one opioid is superior to another. In addition, the claimant's pain had improved up to 70%. There is no indication of whether an alternate and lower potency medication would provide similar benefit. The claimant had also been using this with a high dose short acting opioid- Norco. In addition, there was no controlled substance agreement in place for use of such high dose, chronic opioids. The continued use of Duragesic is not medically necessary.

**Norco 10mg-325mg, 1 p.o. q4-6hrs max 5 qd #150:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 12 Low Back Complaints, Chapter 14 Ankle and Foot Complaints, Chronic Pain Treatment Guidelines Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 85-92.

**Decision rationale:** Norco is a short acting opioid used for breakthrough pain. According to the MTUS guidelines it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain . It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Norco for a several months. The pain had improved 70% but there is no indication of Tylenol failure or alternate options to maintain pain relief. The continued use of Norco is not medically necessary.