

<b>Case Number:</b>	CM14-0180809		
<b>Date Assigned:</b>	11/05/2014	<b>Date of Injury:</b>	01/26/2012
<b>Decision Date:</b>	12/17/2014	<b>UR Denial Date:</b>	10/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/30/2014

### 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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 36-year-old woman who sustained a work related injury on January 26, 2012. Subsequently, she developed chronic low back pain. The patient has received epidural steroid injections for the treatment of chronic intractable radiculopathy, with minimum relief. A spinal cord stimulator was implanted on August 20, 2013 but subsequently it required explantation. The patient had an MRI and EMG/NCV proven radiculopathy involving left L4-5 distribution in the lower extremity. The patient is dependent on multiple medications including: antidepressants, Fentanyl patch, opioid preparation, Lidoderm patches, proton pump inhibitor Nexium, antiepileptic medication Topamax and Baclofen, and a muscle relaxant. According to the progress report dated October 9, 2014, the patient described her pain as stabbing, burning, numbness, tingling, with pain ranked at 7/10. Pain medication improved the pain 15% with drowsiness and hair loss, blurred vision, and nausea. Examination of the low back revealed tenderness to palpation of the paraspinal muscles. The range of motion was limited by pain: rotation with mild restriction and lateral flexion with mild restriction. Patella reflex was 2/4 bilaterally. Achilles reflex was bilaterally. Babinski sign was downgoing bilaterally. The patient's diagnoses included: sciatica, radiculitis, lumbar HNP with myelopathy, pain in thoracic spine, and mood disorder. The provider requested authorization for Norco and Fentanyl patch.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #30 with 3 refills: 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): 76-79.

**Decision rationale:** According to MTUS guidelines, Norco (Hydrocodone/Acetaminophen) is a synthetic Opioid indicated for the pain management but not recommended as a first line oral analgesic. In addition and according to MTUS guidelines, ongoing use of Opioids should follow specific rules:<(a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy.(b) The lowest possible dose should be prescribed to improve pain and function.(c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on Opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework. According to the patient file, there is no objective documentation of pain and functional improvement to justify continuous use of Norco. Norco was used for longtime without documentation of functional improvement or evidence of return to work or improvement of activity of daily living. Therefore, the prescription of Norco 10/325 mg, #30 is not medically necessary.

**Fentanyl patch 15mcg #20 with 6 refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 75-81.

**Decision rationale:** According to MTUS guidelines, long acting Opioids are highly potent form of opiate analgesic. Establishing a treatment plan, looking for alternatives to treatment, assessing the efficacy of the drug, using the lowest possible dose and considering multiple disciplinary approach if high dose is needed or if the pain does not improve after 3 months of treatment. Fentanyl is indicated for the management of moderate to severe chronic pain that requires continuous around the clock opioid therapy and that is resistant to alternative therapies. There is no documentation in the patient records supporting the efficacy of Fentanyl or other Opioids. Based on the above, the requested Fentanyl patches 15 MCG are not medically necessary.