

<b>Case Number:</b>	CM14-0183775		
<b>Date Assigned:</b>	11/07/2014	<b>Date of Injury:</b>	06/04/2007
<b>Decision Date:</b>	12/17/2014	<b>UR Denial Date:</b>	10/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/03/2014

### 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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 is a 56-year-old female with a 6/4/07 date of injury. According to a progress report dated 9/24/14, the patient was seen for follow-up. She has been quite busy with her home repair and has been dealing with a common cold. Coughing aggravated the sensations down her left leg. Her narcotic medication regimen consisted of fentanyl 25mcg patch every 3-4 days, and Norco 10mg prn. She indicated that she has not used any methamphetamines lately and she has been trying to lessen her usage. Objective findings: pain across lower back on the right side, motor exam within normal limits except for slight pelvic girdle weakness. Diagnostic impression: chronic low back and left leg pain, status post spinal cord stimulator. Treatment to date: medication management, activity modification, spinal cord stimulator. A UR decision dated 10/23/14 denied the requests for fentanyl and Norco. The records do not establish any measurable functional improvement or a return to work specifically as a result of the use of opioid medications. Weaning of fentanyl and Norco was initially recommended in peer review on 7/2/14; however, the Norco was the only medication decreased without any changes in fentanyl. Despite the patient's admitted use of methamphetamine, the provider has continued these medications without any change in dose or quantity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective request for Fentanyl 25mcg patch, QTY: 10, prescribed 9/24/14: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-48,Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Pain Chapter

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Fentanyl Transdermal System Page(s): 45.

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines 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 but is not recommended as a first-line therapy. However, in the present case, there is no documentation that the patient has had a trial and failure of a first-line opioid medication. In addition, there is no documentation of significant pain reduction or improved activities of daily living. Guidelines do not support the continued use of opioid medications without documentation of functional improvement. Furthermore, it is noted that her urine drug screens are positive for methamphetamine use. There is no documentation in the reports provided for review regarding how the provider plans to address the patient's aberrant behavior. Lastly, given the 2007 date of injury, the duration of opiate use to date is not clear. There is no discussion regarding non-opiate means of pain control, or endpoints of treatment. It is noted that UR decisions dating back to 7/2/14 have recommended weaning this patient off of opioid medications. However, there is no documentation that the provider has addressed this issue. Therefore, the retrospective request for Fentanyl 25mcg patch, QTY: 10, prescribed 9/24/14 is not medically necessary.

**Retrospective request for Norco 10mg, QTY: 40 with 1 refill, prescribed 9/24/14:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-48,Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Pain Chapter

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 78-81.

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. However, in the present case, there is no documentation of significant pain reduction or improved activities of daily living. Guidelines do not support the continued use of opioid medications without documentation of functional improvement. Furthermore, it is noted that her urine drug screens are positive for methamphetamine use. There is no documentation in the reports provided for review regarding how the provider plans to address the patient's aberrant behavior. Lastly, given the 2007 date of injury, the duration of opiate use to date is not clear. There is no discussion regarding non-opiate means of pain control, or endpoints of treatment. It is noted that UR decisions dating back to 7/2/14 have recommended weaning this patient off of opioid medications. However, there is no documentation that the provider has addressed this

issue. Therefore, the retrospective request for Norco 10mg, QTY: 40 with 1 refill, prescribed 9/24/14 is not medically necessary.