

<b>Case Number:</b>	CM14-0091654		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	02/13/1990
<b>Decision Date:</b>	09/22/2014	<b>UR Denial Date:</b>	05/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/17/2014

### 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 Occupational 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:

This 77 year old patient had a date of injury on 2/13/1990. The mechanism of injury was not noted. In a progress noted dated 3/27/2014, subjective findings included left lower extremity pain, upper extremity pain, right lower extremity pain, night hip pain. On a physical exam dated 3/27/2014, objective findings included VAS 7 day average 6/10, and pain levels have remained the same since last visit. Tenderness is noted on palpation of both temporomandibular joints. Diagnostic impression shows post laminectomy syndrome of lumbar region, thoracic or lumbosacral neuritis or radiculitis not otherwise specified, sacroilitis. Treatment to date: medication therapy, behavioral modification. A UR decision dated 3/30/2014 denied the request for Duragesic 25 mcg/hr patch #15, stating the MED would be 300/day when combined with fentanyl 100mcg patch. Voltaren 1% gel #6x10, and Flector 1.3% patch #60 was denied, stating no indication of intolerability to oral NSAIDs. Norco 10/325 #180 was denied, stating that MED would be 360 if combined with duragesic patches, and no evidence of nonfunctioning spinal cord stimulator.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Duragesic mcg/hour patch Td72 #15:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): pg 78-81. Decision based on Non-MTUS Citation <http://agencydirectors.wa.gov/mobile.html>.

**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. In the progress report dated 3/27/2014, the patient documented to also be on fentanyl 100mcg/hr, which equates to a morphine equivalent dose of 300. A morphine equivalent dose greater than 200 would put the patient at greater risk for opioid toxicity, which manifests itself in symptoms such as respiratory depression. Furthermore, there was no evidence of CURES monitoring or urine drug screens provided for review. Therefore, the request for Duragesic 25mcg/hr patch Td72 #15 is not medically necessary.

**Voltaren 1% Gel #6 refill x10:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 112.

**Decision rationale:** CA MTUS states that Voltaren Gel is indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist); and has not been evaluated for treatment of the spine, hip or shoulder. In the reports viewed, there was no documentation that the patient failed an initial 1st line oral NSAID such as ibuprofen or naproxen to justify this topical medication. Therefore, the request for Voltaren Gel #6x10 is not medically necessary.

**Flector 1.3% patch #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-112. Decision based on Non-MTUS Citation ODG) Pain Chapter.

**Decision rationale:** MTUS states that topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. In addition, FDA indications for Flector patches include acute strains, sprains, and contusions. ODG states Flector patches are not recommended as a first-line treatment, but recommended as an option for patients at risk of adverse effects from oral NSAIDs. In the reports viewed, there was no documentation that the patient failed an initial 1st line oral NSAID such as ibuprofen or naproxen to justify this topical medication. Therefore, the request for Flector 1.3% #60 Patches is not medically necessary.

**Norco 10/325mg #180:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-81. Decision based on Non-MTUS Citation <http://agencymeddirectors.wa.gov/mobile.html>.

**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. In the progress report dated 3/27/2014, the patient is also documented to be on fentanyl 100mcg/hr., as well as fentanyl 25mcg/hr., which already equates to a morphine equivalent dose of 300. Furthermore, there was no evidence of CURES monitoring or urine drug screens provided for review. Therefore the request for Norco 10/325 #180 is not medically necessary.