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| <b>Case Number:</b>   | CM14-0098596 |                              |            |
| <b>Date Assigned:</b> | 07/28/2014   | <b>Date of Injury:</b>       | 04/25/2008 |
| <b>Decision Date:</b> | 10/07/2014   | <b>UR Denial Date:</b>       | 06/04/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 06/26/2014 |

### 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:

According to the records made available for review, this is a 62-year-old female with a 4/25/08 date of injury, and right carpal tunnel release in April of 2009, right carpal tunnel release in February of 2009, left 2nd, 3rd and 4th trigger finger release on 1/6/11, and right 3rd and 4th digits trigger finger release in June of 2010. At the time (6/4/14) of Decision for Beclomethasone spray; Duragesic patch 25mcg, quantity 30; Norco 10/325mg, quantity 240; and Colace 100mg, quantity 240, there is documentation of subjective (persistent upper extremity pain) and objective (positive Tinel's and Phalen's test, and decreased hand grip bilaterally) findings, current diagnoses (chronic repetitive strain disorder of the upper extremity, status post right and left trigger finger release, and status post right and left carpal tunnel release), and treatment to date (medications (including ongoing treatment with Norco, Duragesic patch, Beclomethasone spray, and Colace since at least 1-22-14)). The 5/14/14 medical report identifies a signed pain contact; and that in terms of medications, patient is getting more benefit from the use of medications and staying very active. Regarding Beclomethasone, there is no documentation of asthma. Regarding Duragesic patch, there is no documentation of moderate to severe chronic pain that requires continuous, around-the-clock opioid administration for an extended period of time, and cannot be managed by other means; that the patient has demonstrated opioid tolerance, and requires a total daily dose at least equivalent to Duragesic 25 mcg/h and no contraindications exist.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Beclomethasone spray.:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Corticosteroids for Chronic Pain

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Beclomethasone and Corticosteroids (inhaled) Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

**Decision rationale:** MTUS does not address this issue. ODG identifies documentation of asthma, as criteria necessary to support the medical necessity of inhaled corticosteroids. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of chronic repetitive strain disorder of the upper extremity, status post right and left trigger finger release, and status post right and left carpal tunnel release. In addition, there is documentation of ongoing treatment with Beclomethasone spray. Furthermore, given documentation that patient is getting more benefit from the use of medications and staying very active, there is documentation of functional benefit an increase in activity tolerance as a result of Beclomethasone spray use to date. However, there is no documentation of asthma. Therefore, based on guidelines and a review of the evidence, the request for Beclomethasone spray is not medically necessary.

**Duragesic patch 25mcg, quantity 30.:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain medical Treatment Guidelines: Fentanyl Page(s): 44 an.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Duragesic (fentanyl transdermal system), Page(s): 44. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Duragesic and Fentanyl Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20; and FDA

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of chronic pain in patients who require continuous opioid analgesia for pain that cannot be managed by other means, as criteria necessary to support the medical necessity of Duragesic. MTUS Chronic Pain Medical Treatment Guidelines identifies that Duragesic is not recommended as first-line therapy. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG identifies documentation that Duragesic is not for use in routine musculoskeletal pain. FDA identifies documentation of persistent, moderate to severe chronic pain that requires continuous, around-the-clock opioid administration for an extended period of

time, and cannot be managed by other means; that the patient is already receiving opioid therapy, has demonstrated opioid tolerance, and requires a total daily dose at least equivalent to Duragesic 25 mcg/h; and no contraindications exist, as criteria necessary to support the medical necessity of Duragesic patch. Within the medical information available for review, there is documentation of diagnoses of chronic repetitive strain disorder of the upper extremity, status post right and left trigger finger release, and status post right and left carpal tunnel release. In addition, there is documentation of ongoing treatment with Duragesic patch, that Duragesic patch is not used as first-line therapy, and the patient is already receiving opioid therapy. Furthermore, given documentation that patient is getting more benefit from the use of medications and staying very active, there is documentation of functional benefit an increase in activity tolerance as a result of Beclomethasone spray use to date. However, despite documentation of persistent pain, there is no documentation of moderate to severe chronic pain that requires continuous, around-the-clock opioid administration for an extended period of time, and cannot be managed by other means; that the patient has demonstrated opioid tolerance, and requires a total daily dose at least equivalent to Duragesic 25 mcg/h; and no contraindications exist. Therefore, based on guidelines and a review of the evidence, the request for Duragesic patches 25mcg, quantity 30 is not medically necessary.

**Norco 10/325mg, quantity 240.:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines: Weaning of Medications.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Page(s): 74-80. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines necessitate documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of opioids. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of chronic repetitive strain disorder of the upper extremity, status post right and left trigger finger release, and status post right and left carpal tunnel release. In addition, there is documentation of ongoing treatment with Norco. Furthermore, given documentation of a pain contract, there is documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Lastly, given documentation that patient is getting more benefit from the use of medications and staying very active, there is documentation of functional benefit an increase in activity tolerance as a result of Norco use to date. Therefore, based on guidelines and a review of the evidence, the request for Norco 10/325mg, quantity 240 is medically necessary.