

<b>Case Number:</b>	CM14-0159675		
<b>Date Assigned:</b>	10/03/2014	<b>Date of Injury:</b>	10/30/2006
<b>Decision Date:</b>	05/07/2015	<b>UR Denial Date:</b>	09/17/2014
<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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 injured worker is a 43 year old male who sustained an industrial injury on 10/20/06. The diagnoses have included cervical/ lumbar dicopathy and facet syndrome. Treatment to date has included medications, epidural steroid injection (ESI), diagnostics, surgery and physical therapy. Surgery has included lumbar fusion. The diagnostic studies included Magnetic Resonance Imaging (MRI) of the cervical and lumbar spine. Electromyography (EMG) and nerve conduction velocity studies (NCV). The current medications included Duragesic, Norco, Phentermine, Pravastatin, Topamax, Wellbutrin and Zanaflex. Currently, as per the physician progress note dated 6/3/14, the injured worker complains of back pain. The objective findings revealed difficulty walking and decreased lumbar sensation. The neck exam revealed pain to palpation, positive Spurling's maneuver on the right, and positive compression testing bilaterally. The lumbar exam revealed pain with palpation and range of motion bilaterally secondary to pain with triggering, banding and spasm. The urine drug screen dated 9/20/13 and 8/29/14 was consistent with medications prescribed. The physician noted that he wanted the injured worker to continue with physical therapy and that he was status post epidural steroid injection (ESI) on 2/23/14 without significant benefit for axial spine, headaches, and neuropathic dyesthesias on the upper extremities. The physician requested treatments included a Urine drug screen, Norco 10/325mg #210 and Duragesic ER film 50MCG/HR #15.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Urine drug screen:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing, page 43.

**Decision rationale:** Per MTUS Guidelines, urine drug screening is recommended as an option before a therapeutic trial of opioids and for on-going management to differentiate issues of abuse, addiction, misuse, or poor pain control; none of which apply to this patient who has been prescribed long-term opioid this chronic injury. Presented medical reports from the provider have unchanged chronic severe pain symptoms with unchanged clinical findings of restricted range and tenderness without acute new deficits or red-flag condition changes. Treatment plan remains unchanged with continued medication refills without change in dosing or prescription for chronic pain. There is no report of aberrant behaviors, illicit drug use, and report of acute injury or change in clinical findings or risk factors to support frequent UDS. Documented abuse, misuse, poor pain control, history of unexpected positive results for a non-prescribed scheduled drug or illicit drug or history of negative results for prescribed medications may warrant UDS and place the patient in a higher risk level; however, none are provided. The Urine drug screen is not medically necessary and appropriate.

**Norco 10/325mg #210:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, page(s) 74-96.

**Decision rationale:** Pain symptoms and clinical findings remain unchanged for this chronic injury. Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or returned to functional status. There is no evidence presented of random drug testing or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain for this chronic injury. In addition, submitted reports have not adequately demonstrated the specific indication to support for chronic opioid use without acute flare-up, new injuries, or progressive clinical deficits to support for

chronic opioids outside recommendations of the guidelines. The Norco 10/325mg #210 is not medically necessary and appropriate.

**Duragesic ER film 50mcg/hr #15:** 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) page 74-96.

**Decision rationale:** Fentanyl is an ultra-potent opioid, specifically cited as not recommended noting no research-based pharmacological or clinical reason to prescribe for trans-dermal fentanyl (Duragesic) for patients with CNMP (chronic non-malignant pain). Submitted reports have not demonstrated the indication for Fentanyl for this chronic, non-malignant injury without functional improvement from treatment already rendered. Per the MTUS Guidelines cited, opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or change in work status. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain. The Duragesic ER film 50mcg/hr #15 is not medically necessary and appropriate.