

<b>Case Number:</b>	CM15-0012161		
<b>Date Assigned:</b>	01/29/2015	<b>Date of Injury:</b>	11/27/1996
<b>Decision Date:</b>	03/26/2015	<b>UR Denial Date:</b>	01/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/21/2015

### 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 62 year old male who sustained an industrial injury reported on 11/27/1996. He has reported constant bilateral leg, shoulder, buttock, knee and low back pain, described as sharp, shooting, stabbing and electrical. The diagnoses have included chronic low back pain; failed back surgery; lumbar radiculopathy; myalgia/ xerostomia; bilateral shoulder impingement syndrome; anxiety and depression. Treatments to date have included consultations; diagnostic laboratory and imaging studies; global lumbar-Sacral fusion surgery (2000); use of a cane; physical therapy, warm aqua therapy and exercises; and long-term medication management with weaning of some medications and the initiation of others. The work status classification for this injured worker (IW) was not noted. On 1/15/2015, Utilization Review (UR) modified, for medical necessity, the request, made on 1/8/2015, for Duragesic Patches 75mcg/hour #15 - to #7, Duragesic Patches 100mcg/hour #30 - to #15, Norco 10/325mg #180 - to #90; and non-certified, for medical necessity, the request for 3 boxes of Lidoderm 5% patches, denied for lack of proof of efficacy. The Medical Treatment Utilization Schedule and the Official Disability Guidelines for chronic pain treatment guidelines, Lidoderm, was cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**15 patches of Duragesics 75mcg/hr: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Duragesic Page(s): 93.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Fentanyl transdermal CRITERIA FOR USE OF OPIOIDS Page(s): 44, 76-78, 88-89.

**Decision rationale:** Per the 01/07/15 report the patient presents with pain in the bilateral: legs, shoulders, buttock, knees and the lower back. The current request is for 15 PATCHES OF DURAGESICS 75mcg/hr. Presumably this request is for Duragesic. The RFA is not included. The 01/15/15 utilization review states this is a prospective request for an RFA received 01/08/15. Utilization review modified this request from #15 patches to #7. The reports do not state if the patient is working. MTUS guidelines page 44 recommends Fentanyl transdermal (Duragesic) for management of persistent chronic pain, which is moderate to severe requiring continuous, around-the-clock opioid therapy. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4A's (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. The reports provided for review show the patient has been prescribed the Duragesic patch since at least 07/18/14. Pain is routinely assessed through the use of pain scales and least, average and worst pain with medications is noted. Average pain remained at 5-6/10 in reports from 07/18/14 to 01/07/15. The 10/10/14 report states pain medications decrease pain and increase function. However, ADL's are not documented. The reports routinely provide an activity assessment, but no specific ADL's are mentioned to show a significant change with use of this medication. Opiate management issues are not documented. No urine toxicology reports are provided for review or documented. Side effects or adverse behavior is not discussed. No outcome measure are provided. In this case, only analgesia of the 4A's has been sufficiently documented. The request IS NOT medically necessary.

**3 boxes Lidoderm 5% Patches: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm Page(s): 57.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical lidocaine Page(s): 56-57. Decision based on Non-MTUS Citation Official disability guidelines Pain chapter, Lidoderm

**Decision rationale:** Per the 01/07/15 report the patient presents with pain in the bilateral: legs, shoulder, buttock, knees and the lower back. The current request is for : 3 BOXES OF LIDOERM 5% PATCHES. The RFA is not included. The 01/15/15 utilization review states this is a prospective request for an RFA received 01/08/15. The reports do not state if the patient is working. MTUS Lidoderm (lidocaine patch) pages 56, 57 has the following, indication: Neuropathic pain. It is also indicated for peripheral and localized pain but when reading ODG,

this peripheral and localized pain is that of neuropathic pain. The 12/09/14 report states the Lidoderm 1% patches helped the patient. The reports show the patient has been prescribed Lidoderm patch since at least 07/18/14. In this case, the patient is documented with neuropathic pain including knee and leg pain. However, this appears to be a non dermatomal referred pain and not the localized peripheral neuropathic pain for which this medication is indicated. Therefore, the request IS NOT medically necessary.

**30 Patches of Duragesic 100mcg/hr: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Duragesic Page(s): 93.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

**Decision rationale:** Per the 01/07/15 report the patient presents with pain in the bilateral: legs, shoulder, buttock, knees and the lower back. The current request is for 30 PATCHES OF DURAGESIC 100 mcg/hr. The RFA is not included. The 01/15/15 utilization review states this is a prospective request for an RFA received 01/08/15. Utilization review modified this request from #30 patches to #15. The reports do not state if the patient is working. MTUS guidelines page 44 recommends Fentanyl transdermal (Duragesic) for management of persistent chronic pain, which is moderate to severe requiring continuous, around-the-clock opioid therapy. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4A's (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. The reports provided for review show the patient has been prescribed the Duragesic patch since at least 07/18/14. Pain is routinely assessed through the use of pain scales and least, average and worst pain with medications is noted. Average pain remained at 5-6/10 in reports from 07/18/14 to 01/07/15. The 10/10/14 report states pain medications decrease pain and increase function. However, ADL's are not documented. The reports routinely provide an activity assessment, but no specific ADL's are mentioned to show a significant change with use of this medication. Opiate management issues are not documented. No urine toxicology reports are provided for review or documented. Side effects or adverse behavior is not discussed. No outcome measure are provided. In this case, only analgesia of the 4A's has been sufficiently documented. The request IS NOT medically necessary.

**180 tablets of Norco 10/325mg: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

**Decision rationale:** Per the 01/07/15 report the patient presents with pain in the bilateral: legs, shoulder, buttock, knees and the lower back. The current request is for 180 TABLETS OF NORCO 10/325 mg Hydrocodone, an opioid analgesic. The RFA is not included. The 01/15/15 utilization review states this is a prospective request for an RFA received 01/08/15. Utilization review modified this request from #180 to #90. The reports do not state if the patient is working. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4A's (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. The reports provided for review show the patient has been prescribed this medication since at least 07/18/14. Pain is routinely assessed through the use of pain scales and least, average and worst pain with medications is noted. Average pain remained at 5-6/10 in reports from 07/18/14 to 01/07/15. The 10/10/14 report states pain medications decrease pain and increase function. However, ADL's are not documented. The reports routinely provide an activity assessment, but no specific ADL's are mentioned to show a significant change with use of this medication. Opiate management issues are not documented. No urine toxicology reports are provided for review or documented. Side effects or adverse behavior is not discussed. No outcome measure are provided. In this case, only analgesia of the 4A's has been sufficiently documented. The request IS NOT medically necessary.