

<b>Case Number:</b>	CM15-0015094		
<b>Date Assigned:</b>	02/03/2015	<b>Date of Injury:</b>	09/05/2012
<b>Decision Date:</b>	03/23/2015	<b>UR Denial Date:</b>	01/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/27/2015

### 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, Indiana, New York  
 Certification(s)/Specialty: Internal Medicine

### 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 47 year old man sustained an industrial injury on 9/5/2012. The mechanism of injury is not detailed. Treatment has included oral medications. Physician notes dated 1/13/2015 show continued low back pain with radiation down both legs, more so on the right side. The worker states his medications have not been filled since December 30th including Norco, Duragesic, Omeprazole, Effexor, and Zanaflex. His current pain rating is currently 9/10, however, the worker has not had to go to the emergency room. The worker states he is trying to stay active, but it is a struggle, he is experiencing significant symptoms and a flare up. Recommendations include approval of the listed medications. On 1/5/2015, Utilization Review evaluated prescriptions for Norco 10/325 mg #240 and Duragesic 25 mcg #10, that were submitted on 1/26/2015. The UR physician noted the following: regarding the Norco, only short term therapy is recommended as is discontinuing the medication in the absence of objective functional improvement including pain relief or a return to work. Regarding the Duragesic, the guidelines do not recommend continued therapy in the absence of documented objective functional improvement. The MTUS, ACOEM Guidelines, (or ODG) was cited. The requests were denied and subsequently appealed to Independent Medical Review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #240:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Pain section, Opiates

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Norco 10/325 mg #240 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. In this case, the injured worker's working diagnoses are status post lumbar fusion L4-L5 and L5-S1 April 2014; and prior laminectomy/discectomy at L5-S1 July 2013. Subjectively, the injured worker has ongoing low back pain with radiating symptoms down both legs. Norco and Duragesic were both denied in prior utilization reviews. The documentation contains subjective VAS scores for pain. However, there are no detailed pain assessments, risk assessments or evidence of objective functional improvement. Consequently, absent clinical documentation with evidence of objective functional improvement to gauge the efficacy for Norco in its ongoing use, Norco 10/325 mg #240 is not medically necessary.

**Duragesic patch 25mcg #10:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Pain section, Opiates

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Duragesic patch 25ug is medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. In this case, the injured worker's working diagnoses are status post lumbar fusion L4-L5 and L5-S1 April 2014; and prior laminectomy/discectomy at L5-S1 July 2013. Subjectively, the injured worker has ongoing low back pain with radiating symptoms down both legs. Norco and Duragesic were both denied in prior utilization reviews. The documentation contains subjective VAS scores for pain. The request for authorization for Norco and Duragesic is dated December 30, 2014. The documentation contains multiple utilization reviews for Duragesic. Duragesic was noncertified and then certified in a report dated January 16, 2014. Duragesic is not recommended as a first line therapy but may be warranted

chronic pain patients who require continuous opiates for pain that are refractory to other treatments. The documentation indicates the injured worker was refractory to ongoing Norco use. The injured worker appears to have developed tolerance to Norco and, as a result, the injured worker self escalated Norco due to poorly controlled pain. Duragesic is a second line of opiate indicated when the injured worker develops tolerance to the first line opiate (Norco). Consequently, Norco is not clinically indicated. Duragesic is medically necessary at one patch every three days #10.