

<b>Case Number:</b>	CM15-0018449		
<b>Date Assigned:</b>	02/12/2015	<b>Date of Injury:</b>	05/31/2002
<b>Decision Date:</b>	03/30/2015	<b>UR Denial Date:</b>	01/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/30/2015

### 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: Indiana

Certification(s)/Specialty: Preventive Medicine, Occupational 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:

The injured worker was a female, who sustained an industrial injury, May 31, 2002. According to progress note of December 30, 2014, the injured workers chief complaint was right sided shoulder pain in the proximal clavicle region. The cold aggravated the pain. The injured worker rated the pain 6.5 out of 10; 0 being no pain and 10 being the worse pain. Norco helps maintain pain level 5.5, which helps the injured worker to perform activities of daily living. The injured worker was diagnosed with chronic right shoulder pain, rotator cuff syndrome of the shoulder, right acromioclavicular joint arthritis, arthroscopic right subacromial decompression and distal clavicle resection, cervical degenerative disc disease right acromioclavicular joint arthritis and status post right shoulder arthroscopic surgery times 2 January 15, 2003 and September 9, 2003. The injured worker was diagnosed with cyclical vomiting syndrome, which was triggered by increased pain and stress. The nausea was well controlled with Zofran. The heartburn and GI upset related to chronic medication use was well controlled with Prevacid. The injured worker previously received the following treatments psychiatric services, right shoulder arthroscopic surgery times 2 January 15, 2003 and September 9, 2003, Fentora, Norco, Ketoprofen cream, Prevacid and MR Arthrogram of the right shoulder July 27, 2010. On December 30, 2014, the primary treating physician requested authorization for prescriptions for Fentora 200mg #120 with 1 refill, Norco 10/325mg #90 with 1 refill, Ketoprofen cream, Prevacid 30mg #30 and Zofran 4mg #30. On January 14, 2015, the Utilization Review denied authorization for prescriptions for Fentora 200mg #120 with 1 refill, Norco 10/325mg #90 with 1 refill,

Ketoprofen cream, Prevacid 30mg #30 and Zofran 4mg #30. The denial was based on the MTUS/ACOEM and ODG guidelines.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Fentora 200mcg #120 with 1 refill:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Opioids; [www.drugs.com/fentora](http://www.drugs.com/fentora)

**Decision rationale:** Fentora is the brand name version of Fentanyl sublingual tablets which is used to control break through pain for cancer patients. MTUS states "Fentanyl is an opioid analgesic with a potency eighty times that of morphine. Weaker opioids are less likely to produce adverse effects than stronger opioids such as fentanyl." ODG does not recommend the use of opioids for low back pain "except for short use for severe cases, not to exceed 2 weeks." The patient has exceeded the 2 week recommended treatment length for opioid usage. MTUS does not discourage use of opioids past 2 weeks, but does state that "ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." The treating physician does not fully document the least reported pain over the period since last assessment, intensity of pain after taking opioid, pain relief, increased level of function, or improved quality of life. There is no documentation that the employee has cancer-related pain. Therefore, the request for Fentora is not medically necessary.

**Norco 10/325mg #90 with 1 refill:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute and Chronic), Low Back - Lumbar & Thoracic (Acute & Chronic), Shoulder, Pain, Opioids

**Decision rationale:** ODG does not recommend the use of opioids for neck, low back, and shoulder pain "except for short use for severe cases, not to exceed 2 weeks." The patient has exceeded the 2 week recommended treatment length for opioid usage. MTUS does not discourage use of opioids past 2 weeks, but does state that "ongoing review and documentation

of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." The treating physician does not fully document the least reported pain over the period since last assessment, intensity of pain after taking opioid, pain relief, increased level of function, or improved quality of life. Additionally, medical documents indicate that the patient has been on Norco in excess of the recommended 2-week limit. As such, the request for Norco is not medically necessary.