

<b>Case Number:</b>	CM15-0019589		
<b>Date Assigned:</b>	02/09/2015	<b>Date of Injury:</b>	02/17/2001
<b>Decision Date:</b>	03/25/2015	<b>UR Denial Date:</b>	01/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/02/2015

### 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: Arizona, California  
 Certification(s)/Specialty: Family Practice

### 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 59 year old male, who sustained an industrial injury on 2/17/2001. The diagnoses have included status post L5-S1 discectomy (5/2000), status post L5-S1 posterior lumbar interbody fusion (5/06/2002), status post removal of hardware lower back, status post revision, decompression and posterior spinal fusion at L4-5 (1/26/2006), status post hardware removal and exploration of fusion (10/09/2007), moderate foraminal stenosis at L2-3 and L3-4, chronic pain syndrome, right lower extremity radiculopathy, significant degenerative disc disease with moderate disc collapse C5-6 and severe disc collapse C6-7, right upper extremity C5 and C6 radiculopathy and lumbar spinal cord stimulator failure (12/2011). Currently, the IW complains of ongoing difficulty with pain in his neck, right shoulder, right upper extremity and lower back. There are no significant changes since the previous visit. He states that with medication, his pain is reduced to a more tolerable level allowing him to remain independent and maintain his current level of function. Objective findings included significant guarding with regards to cervical spine with restricted painful movement notes in all planes of movement. On 1/1/2015, Utilization Review modified a request for Fentanyl patch 50mcg/hr #15, Norco 10/325mg #150 and non-certified a request for Ultram 50mg #180 noting that the clinical information submitted for review fails to meet the evidence based guidelines for the requested service. The MTUS was cited. On 2/02/2015, the injured worker submitted an application for IMR for review of Fentanyl patch 50mcg/hr #15, Norco 10/325mg #150 and Ultram 50mg #180.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Fentanyl 50mcg/HR Patch #15 (Plus 1 Post Dated Script): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Fentanyl Page(s): 47.

**Decision rationale:** According to the guidelines, Fentanyl is an opioid analgesic with a potency eighty times that of morphine. Fentanyl is not recommended as a first-line therapy. The FDA-approved product labeling states that Fentanyl is indicated in the management of chronic pain in patients who require continuous opioid analgesia for pain that cannot be managed by other means. In this case, the claimant had been on Norco and Tramadol (Ultram). The claimant had been on the medications for nearly a year. The claimant stated that the Fentanyl does not stick well and no longer desires it. There was no indication for combining multiple opioids and no one opioid is superior to another. Since the claimant no longer desired the Fentanyl and was switching to MSContin, the continued use is not medically necessary.

**Norco 10/325mg #150 (Plus 1 Post Dated Script): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 82-92.

**Decision rationale:** Norco is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Norco for a year along with Tramadol and Fentanyl. The claimant noticed most of the pain spike while not taking Fentanyl. There was no indication for the use of 2 short acting opioids. There was no indication of Tylenol failure for breakthrough pain. The continued use of Norco is not medically necessary.

**Ultram 50mg #180 W/1 Refill: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Page(s): 92-92.

**Decision rationale:** Tramadol (Ultram) is a synthetic opioid affecting the central nervous system. According to the MTUS guidelines, Tramadol is recommended on a trial basis for short-term use after there has been evidence of failure of first-line non-pharmacologic and medication options (such as acetaminophen or NSAIDs) and when there is evidence of moderate to severe pain. In this case, the claimant had been on Norco for a year along with Ultram and Fentanyl. The claimant noticed most of the pain spike while not taking Fentanyl. There was no indication for the use of 2 short acting opioids. There was no indication of Tylenol failure for breakthrough pain. The continued use of Ultram is not medically necessary.