

<b>Case Number:</b>	CM15-0119143		
<b>Date Assigned:</b>	07/02/2015	<b>Date of Injury:</b>	03/27/2002
<b>Decision Date:</b>	07/31/2015	<b>UR Denial Date:</b>	06/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/22/2015

### 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: New Jersey, Alabama, California  
 Certification(s)/Specialty: Neurology, Neuromuscular 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 is a 48 year old female, who sustained an industrial injury on 03/27/2002. She has reported injury to the low back. The diagnoses have included lumbosacral pain; thoracic or lumbosacral neuritis or radiculitis, unspecified; and right L5 and S1 lumbosacral radiculopathy. Treatments have included medications, diagnostics, transforaminal epidural steroid injection, and spinal cord stimulator placement. Medications have included Hydrocodone/Acetaminophen, Fentanyl Patch, Orphenadrine ER, Nortriptyline HCl, Naproxen, Trazodone, and Omeprazole. A progress report from the treating physician, dated 06/03/2015, documented an evaluation with the injured worker. Currently, the injured worker complains of pain on both sides of the lower back, and into the buttock, and down the right greater than left leg; she had 60% decrease in pain from last epidural injection, but only lasted a short time; she has increasing and new weakness in her right greater than left legs; pain is partially relieved by spinal cord stimulator; has excellent stable baseline pain control on the Fentanyl Patch; this decreases her pain from 8-9/10 to 4-5/10 on the pain scale, and significantly improves her activities of daily living and ability to exercise and walk, as well as needing much less breakthrough pain medication while on stable dose of the patch; and this is in combination with her Naproxen. Objective findings included straight leg raising test is positive on the right with pain down to the foot in a L5/S1 distribution, and now positive on the left which is new; moderate weakness with heel walking, which is new; decreased sensation to light touch and pinprick in the posterior calves bilaterally; diminished right greater than left ankle reflexes; and an antalgic gait with a pronounced limp. The treatment plan has included the request for Fentanyl DIS 50 mcg/hr day supply 30, quantity 15, no refills; and Hydrocodone/APAP (Acetaminophen) tab 10/325 mg day supply 15, quantity: 180.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Fentanyl DIS 50mcg/HR day supply 30 Qty 15 no refills:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Duragesic (fentanyl transdermal system) Page(s): 68.

**Decision rationale:** According to MTUS guidelines, "Duragesic (fentanyl transdermal system). Not recommended as a first-line therapy. Duragesic is the trade name of a fentanyl transdermal therapeutic system, which releases fentanyl, a potent opioid, slowly through the skin. It is manufactured by ALZA Corporation and marketed by Janssen Pharmaceutica (both subsidiaries of Johnson & Johnson). The FDA-approved product labeling states that Duragesic 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 patient continued to have low back pain despite the use of opioids. There is no documentation of continuous monitoring of adverse reactions and of patient's compliance with her medication. In addition, there is no documentation that the patient developed tolerance to opioids or need continuous around the clock opioid administration. Therefore, the prescription of Fentanyl DIS 50mcg/HR day supply 30 Qty 15 is not medically necessary.

**Hydrocodone/APAP Tab 10/325mg day supply 15 Qty 180:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 76-79.

**Decision rationale:** According to MTUS guidelines, Norco (Hydrocodone/Acetaminophen) is a synthetic opioid indicated for the pain management but not recommended as a first line oral analgesic. In addition and according to MTUS guidelines, ongoing use of opioids should follow specific rules: "(a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy. (b) The lowest possible dose should be prescribed to improve pain and function. (c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework." According to the patient's file, there is no objective documentation of pain and functional improvement to justify continuous use of Norco. Norco was used for longtime without documentation of functional improvement or evidence of return to work or improvement of activity of daily living. Therefore, the prescription of Norco 10/325mg #180 is not medically necessary.