

<b>Case Number:</b>	CM15-0124985		
<b>Date Assigned:</b>	07/09/2015	<b>Date of Injury:</b>	06/08/1997
<b>Decision Date:</b>	09/09/2015	<b>UR Denial Date:</b>	06/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/29/2015

### 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 York

Certification(s)/Specialty: Anesthesiology

### 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 76 year old female injured worker suffered an industrial injury on 06/08/1997. The diagnoses included global lumbar fusion. The injured worker had been treated with medications and back brace. On 4/27/2015, the treating provider reported the injured worker had reduced the Duragesic patch use from 1 every 2 days to 1 patch every 3 days. She reported the pain level was a little higher but that she was managing well. With the combinations of the Duragesic and Norco she was able to keep the pain in the 4/10 range. She completed an updated opiate agreement. The provider recommended tapering of the Norco from 4 times a day to 3 times a day. The functional evaluation indicated with medications she can carry out activities of daily living such as cooking, cleaning, laundering and self-hygiene. It also allowed her to walk and do Tai Chi for exercise on a consistent basis. The injured worker had not returned to work. Although the office urine drug screen was inconsistent showing Oxycodone which was not prescribed, it was sent for confirmation and resulted as consistent with the prescribed medications. On 5/26/2015, the provider reported the injured worker increase Norco usage from 3 tablets a day to 5 tablets a day medication to get the same analgesic effect. The provider noted that she was probably just used to the generic brand she was getting from the office. The pain was rated 8/10 without medications and with medications it was 5/10. She stated she had no new complaints and no significant changes were noted. The prescribed Norco dosage of 3 times a day remained unchanged. The treatment plan included Retrospective request for Duragesic 25mcg/hr and Norco for DOS (05/26/15).

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Retrospective request for Duragesic 25mcg/hr #10 (DOS: 05/26/15): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 44, 47.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for the treatment of chronic pain Page(s): 91-97. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Opioids.

**Decision rationale:** According to the ODG and MTUS, Fentanyl is a long-acting narcotic analgesic used to manage both acute and chronic pain. Fentanyl is an opioid analgesic with a potency of eighty times that of Morphine. Fentanyl transdermal (Duragesic) patches are indicated for the management of persistent chronic pain, which is moderate to severe requiring continuous, around-the-clock opioid therapy. Duragesic patches should only be used in patients who are currently on opioid therapy for which tolerance has developed. Patches are worn for a 72-hour period. In this case, the treatment of chronic pain with any opioid analgesic requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. A pain assessment should include current pain, intensity of pain after taking the opiate, and the duration of pain relief. There was documentation of the medication's pain relief effectiveness however, this opiate is not recommended as first-line therapy and is only indicated in the management of patients who require continuous opioid analgesia for pain that cannot be managed by other means. There was no documentation of such failed trials. Medical necessity of the requested medication was not established. Of note, discontinuation of an opioid analgesic should include a taper to avoid withdrawal symptoms. The requested medication was not medically necessary.

### **Retrospective request for Norco 10/325mg #90 (DOS: 05/26/15): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80-81.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for the treatment of chronic pain Page(s): 91-97. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Opioids.

**Decision rationale:** According to the CA MTUS and ODG, Norco 10/325mg (Hydrocodone/Acetaminophen) is a short-acting opioid analgesic indicated for moderate to moderately severe pain, and is used to manage both acute and chronic pain. The treatment of chronic pain with any opioid analgesic requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. A pain assessment should include current pain, intensity of pain after taking the opiate, and the duration of pain relief. In this case, there is insufficient evidence that the opioids were prescribed according to the CA MTUS guidelines, which recommend prescribing according to function, with specific functional goals, return to work,

random drug testing, an opioid contract, and documentation of a prior failure of non-opioid therapy. There was no documentation of significant pain relief or increased function from the opioids used to date. Medical necessity of the requested medication was not established. Of note, discontinuation of an opioid analgesic should include a taper to avoid withdrawal symptoms. The requested medication was not medically necessary.