

<b>Case Number:</b>	CM15-0068716		
<b>Date Assigned:</b>	04/16/2015	<b>Date of Injury:</b>	09/30/1998
<b>Decision Date:</b>	05/15/2015	<b>UR Denial Date:</b>	03/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/10/2015

### 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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 54 year old female who sustained an industrial injury on 09/30/1998. Current diagnoses include trochanteric bursitis, right hip pain, lumbar radiculopathy-right, facet arthropathy-lumbar, degenerative disc disease, and sprain/strain lumbosacral. Previous treatments included medication management, physical therapy, and home exercise program. Previous diagnostic studies included urine drug screen. Report dated 03/04/2015 noted that the injured worker presented with complaints that included lumbar pain and bilateral sciatica. Pain level was rated as 4 out of 10 on the visual analog scale (VAS). Physical examination was positive for abnormal findings. The treatment plan included medication management, prescription for Fentanyl, discontinued Soma, prescription for Norco and cyclobenzaprine, follow up with PCP for non pain issues, continue home exercise regimen, and return to office in 5 weeks. Disputed treatments include a toxicology screen and Fentanyl patches.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Toxicology screen:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 43, 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Urine drug testing (UDT).

**Decision rationale:** MTUS states that use of urine drug screening for illegal drugs should be considered before therapeutic trial of opioids are initiated. Additionally Use of drug screening or inpatient treatment with issues of abuse, addiction, or poor pain control. Documentation of misuse of medications (doctor-shopping, uncontrolled drug escalation, drug diversion) would indicate need for urine drug screening. ODG further clarifies frequency of urine drug screening: low risk of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis there after. Moderate risk for addiction/aberrant behavior is recommended for point-of-contact screening 2 to 3 times a year with confirmatory testing for inappropriate or unexplained results. High risk of adverse outcomes may require testing as often as once per month. There is insufficient documentation provided to suggest issues of abuse, misuse, or addiction. As such, the request for Toxicology screen is not medically necessary.

**Patch medication (Fentanyl 25 mcg, ten count):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 44, 93.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Duragesic (fentanyl transdermal system) Page(s): 44, 79. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Opioids, Specific drug list.

**Decision rationale:** CA MTUS states and ODG agrees: 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. 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. ODG does not recommend the use of opioids 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 patient has been using a Fentanyl patch since 2014 which is in excess of guidelines. In addition, the patient has been on other opioid medications at the same time. As such, the request for Patch medication (Fentanyl 25 mcg, ten count) is not medically necessary.

**Oral medication (Norco 10/325 mg, 120 count):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 75 - 78, 88, 91.

**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) , Low Back - Lumbar & Thoracic (Acute & Chronic), Pain, Opioids.

**Decision rationale:** 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. Additionally, medical documents indicate that the patient has been on Norco since 2014, in excess of the recommended 2-week limit. As such, the request for Norco 325/10mg, 120 count is not medically necessary.