

<b>Case Number:</b>	CM13-0029386		
<b>Date Assigned:</b>	06/09/2014	<b>Date of Injury:</b>	11/20/1981
<b>Decision Date:</b>	08/08/2014	<b>UR Denial Date:</b>	09/06/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/26/2013

### 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. The expert reviewer is Board Certified in Anesthesiology, Pain Medicine and is licensed to practice in Florida. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 female who reported an injury on 11/20/1981 with the mechanism of injury not sited within the documentation provided. In the clinical notes dated 08/23/2013, the injured worker complained of constant low back pain, which she rated a 5/10 on a pain scale. It was also noted that the injured worker reported pain to increase with movement and activities. The injured worker reported that she felt depressed sometimes due to having to deal with constant low back pain on a daily basis. Prior treatments included epidural steroid injections, surgeries, physical therapy, and prescribed medications. Diagnostic imaging studies included an MRI dated 05/10/2013. The physical examination revealed tenderness in the lumbar paraspinous muscle and that the injured worker ambulated with a rollator. The diagnosis included discogenic lumbar condition with radiculopathy noted by EMGs. The treatment included a request for Percocet 10/325 mg #90 for moderate to severe pain; Fentanyl patch 100 mcg #15 for every 48 hours and Fentanyl patch 50 mg #15 for every 48 hours for pain; Celebrex 200 mg #30 for anti-inflammation, Cymbalta 30 mg #90 for depression at that time, and Soma 350 mg #90 for muscle spasm. The injured worker was also dispensed Prilosec 20 mg #60 to treat stomach upset from taking medication. It was also noted that the injured worker received TENS pads for her TENS unit. The treatment plan also included for the injured worker to use hot and cold modalities for pain as needed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CELEBREX 200MG #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list and adverse effects Page(s): 70.

**Decision rationale:** The request for Celebrex 200 mg #30 is non-certified. The California MTUS Guidelines state that NSAIDs are recommended with caution. Celebrex is used for relief of signs and symptoms of osteoarthritis, rheumatoid arthritis, and ankylosing spondylitis. Celebrex is a COX-2 NSAID. Celebrex may be considered if the injured worker has a risk of GI complications, but not for the majority of injured workers. Generic NSAIDs and COX-2 inhibitors have similar efficacy and risks when used for less than 3 months, but a 10 to 1 difference in cost. In the clinical notes provided for review, there was a lack of documentation of the efficacy of the injured worker's prescribed pain medications. There is also a lack of documentation of injured worker's range of motion within the physical examination. Furthermore, the request lacks the frequency of which the prescribed medication is to be taken. Therefore, the request for Celebrex 200 mg #30 is non-certified.

**FENTANYL PATCH 50MCG #15:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 71.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioid, specific drug list Page(s): 93.

**Decision rationale:** The request for Fentanyl Patch 50 mcg #15 is non-certified. The California MTUS Guidelines state that Fentanyl Transdermal Patch is indicated for management of persistent chronic pain, which is moderate to severe requiring continuous, around-the-clock opioid therapy. The pain cannot be managed by other means (e.g., NSAIDs). Fentanyl should only be used in injured workers who are currently on opioid therapy for which tolerance has developed. The patches should be applied to intact skin only. The analgesic dose includes the previous opioid therapy for which tolerance has occurred should be at least equivalent to Fentanyl 25 mcg/h. Patches are worn for a 72-hour period. In the clinical notes provided for review, there is a lack of documentation of the injured worker's pain level status with the use of the prescribed medications. Furthermore, the Guidelines recommend the patches are to be worn for 72 hours, not for 48 hours. Therefore, the request for Fentanyl Patch 50 mcg #15 is non-certified.

**FENTANYL PATCH 100MCG #15:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 71.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioid, specific drug list Page(s): 93.

**Decision rationale:** The request for Fentanyl Patch 100 mcg #15 is non-certified. The California MTUS Guidelines state that Fentanyl Transdermal Patch is indicated for management of persistent chronic pain, which is moderate to severe requiring continuous, around-the-clock opioid therapy. The pain cannot be managed by other means (e.g., NSAIDS). Fentanyl should only be used in injured workers who are currently on opioid therapy for which tolerance has developed. The patches should be applied to intact skin only. The analgesic dose includes the previous opioid therapy for which tolerance has occurred should be at least equivalent to Fentanyl 25 mcg/h. Patches are worn for a 72-hour period. In the clinical notes provided for review, there is a lack of documentation of the injured worker's pain level status with the use of the prescribed medications. Furthermore, the Guidelines recommend the patches are to be worn for 72 hours, not for 48 hours. Therefore, the request for Fentanyl Patch 100 mcg #15 is non-certified.

**PERCOCET 10/325MG #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain, Opioids, drug specific Page(s): 80, 92.

**Decision rationale:** The request for Percocet 10/325 mg #90 is non-certified. The California MTUS Guidelines state that opioids for chronic back pain appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (greater than 16 weeks), but also appears limited. Failure to respond to a time limited course of opioids has led to the suggestion of re-assessment and consideration of alternative therapy. Percocet analgesic dose is based on Oxycodone content and should be administered every 4 to 6 hours as needed for pain. Initially 2.5 to 5 mg by mouth every 4 to 6 hours as needed. In the clinical notes provided for review, there is a lack of documentation of the injured worker's pain level status, side effects, or efficacy with the prescribed pain medications. Furthermore, there is a lack of documentation of the frequency of which the prescribed medication is to be taken. Therefore, the request for Percocet 10/325 mg #90 is non-certified.

**CYMBALTA 30MG #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 15-16.

**Decision rationale:** The request for Cymbalta 30 mg #90 is non-certified. The California MTUS Guidelines state that Cymbalta is FDA approved for anxiety, depression, diabetic

neuropathy, and fibromyalgia. It is used off label for neuropathic pain and radiculopathy. Cymbalta is recommended as a first-line option for diabetic neuropathy. No high quality evidence is reported to support the use of Cymbalta for lumbar radiculopathy. More studies are needed to determine the efficacy of Cymbalta for other types of neuropathic pain. In the clinical notes provided for review, there is a lack of documentation of the injured worker's psychological standing. Furthermore, the request lacks the frequency of which the prescribed medication is to be taken. Therefore, the request for Cymbalta 30 mg #90 is non-certified.

**PROTONIX 20MG #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk Page(s): 68.

**Decision rationale:** The request for Protonix 20 mg #60 is non-certified. The California MTUS Guidelines state that to determine if the injured worker is at risk for gastrointestinal events, the following criteria should be evaluated: (1) age greater than 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID plus low dose ASA). In the clinical notes provided for review, there is a lack of documentation of the injured worker's side effects or efficacy related to the use of prescribed pain medications. There is also a lack of documentation of the injured worker's history of gastrointestinal issues to include peptic ulcers or GI bleeding or perforation. Therefore, the request for request for Protonix 20 mg #60 is non-certified.

**SOMA 350MG #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma) Page(s): 29.

**Decision rationale:** The request for Soma 350 mg #90 is non-certified. The California MTUS Guidelines state that Soma is not recommended. This medication is not indicated for long-term use. Soma is a commonly prescribed, centrally acting skeletal muscle relaxant whose primary active metabolite is Meprobamate (a schedule IV controlled substance). It has been suggested that the main effect is due to generalized sedation and treatment of anxiety. In the clinical notes provided for review, there is a lack of the injured worker's pain level status with the use of prescribed medications. There is also a lack of documentation of the injured worker's physical examination to include muscle spasms. Furthermore, there is a lack of frequency for the prescribed medication and the Guidelines also do not recommend the use of Soma. Therefore, the request for Soma 350 mg #90 is non-certified.