

<b>Case Number:</b>	CM13-0037200		
<b>Date Assigned:</b>	12/13/2013	<b>Date of Injury:</b>	11/21/2002
<b>Decision Date:</b>	02/10/2014	<b>UR Denial Date:</b>	08/29/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/25/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. 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 physician 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 patient is a 63 year old male with an injury date of 11/21/2002. [REDACTED] report, 08/06/2013, has the patient presenting with stiffness of the upper back and right hip. Symptoms are better with Lyrica but having to increase the doses. Pain occurs upon weight-bearing of the right lower extremity. The pain was worse with prolonged sitting, climbing stairs. Uses cane for ambulation. Vicodin 10 mg used 6 times a day with fair relief. Examination showed tenderness over the right L5-S1, antalgic gait, hip flexion on the right side, 4/5 motor strength, Kemp's sign is negative, leg length discrepancy was severe with right side being 7 cm shorter. The listed diagnoses: Status post bilateral hip joint replacement; lumbar disk injury with facet arthralgia; right rib strain; right SI joint arthralgia. Plan was to increase the Lyrica to 100 mg twice a day, Butrans 5 mcg patches will be attempted with Vicodin 10 mg 4 times a day. He has asked to taper off the Vicodin and eventually come off the opioids. He has requests for lumbar branch block injections to right S1, S2, and S3 levels. He then has reports on 04/02/2013 and 10/01/2013. They are handwritten, illegible. I see a follow-up evaluation report from 10/01/2013. The pain intensity was at 8/10. The patient is being tapered off of the Vicodin and the patient was at 6 a day, and this is why Lyrica was increased. Vicodin was decreased from 6 tablets to 4 tablets a day. Exam only showed moderate tenderness over the right SI joint. He recommended SI joint injection via lateral branches right S1, S2, S3 with lidocaine block to determine accuracy of the diagnosis. There are urine drug screen results from 04/11/2013; positive for cocaine, positive for opiates, hydrocodone. Prior urine drug screen is from 08/31/2012. 09/18/2013 report is by [REDACTED] discussing the patient's medication use. It is a supplemental report. The utilization review letter from 08/29/2013 was reviewed. This letter

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Lyrica 100mg:** 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.

**Decision rationale:** This patient presents with chronic low back, bilateral hip pains with listed diagnoses of bilateral total hip replacements, lumbar disk injury, right rib strain, and SI joint arthralgia. The treating physician has prescribed Lyrica and increased the dose to 100 mg in an attempt to taper the patient off of the opiates. When reading MTUS Guidelines, Lyrica is indicated for diabetic neuropathy, posttherapeutic neuralgia, and possibly neuropathic pain. There is also indication for fibromyalgia. This patient carries none of these diagnoses. Despite physician's attempt to taper this patient off the opiates using the Lyrica, there is no discussion on MTUS Guidelines or ACOEM Guidelines, or ODG Guidelines that Lyrica is to be used when opiates are to be tapered. Recommendation is for denial.

### **Butrans 5mcg:** Overturned

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**Decision rationale:** This patient presents with chronic low back with history of bilateral hip joint replacements. The treating physician has been prescribing Butrans which has been denied by utilization review. The patient was on Vicodin 10 mg up to 6 tablets a day and the patient is being slowly tapered off the opiates. In an attempt to provide some pain reduction, the treating physician is prescribing Butrans. MTUS and ACOEM Guidelines did not discuss Butrans patches. However, ODG Guidelines have a thorough discussion regarding this medication. ODG Guidelines states that this medication is an option for treatment of chronic pain particularly with patients with neuropathic pain, "patients at high risk of nonadherence with standard opioid maintenance". Recommendation is for authorization. This patient is a high risk for non-adherence. Patient understands opioid maintenance and use of Butrans patches are quite appropriate.

### **Vicodin 10mg:** 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 Section Long Term Opioid Use Page(s): 88-89.

**Decision rationale:** This patient presents with chronic low back and bilateral hip pains with history of bilateral hip joint replacements. The patient recently had a urine drug screen that tested positive for cocaine. The patient is being tapered off of the Vicodin. The patient was on six tablets a day and on subsequent visit 10/01/2013, the treater has the patient still at 4 tablets a day. The treating physician has written addendum report on 08/06/2013, making an argument for continued use of Vicodin. MTUS Guidelines under "weaning of medication" recommends slow taper particularly the patient has been on opioids for long time. For slower suggested taper is 10% every 2 to 4 weeks slowing to reduction of 5% once the dose of 1/3 of the initial dose is reached. Greater success may occur when the patient is switched to longer acting opioids and then taper. In this patient, recommendation is for authorization of the Vicodin 10 mg tablets. The treating physician has clearly outlined the tapering of the opioids. The patient's prescription went from 6 tablets a day to 4 tablets a day and the patient has been started on Butrans patch. Given that the patient is on the process of having the medication tapered off, the treating physician should be allowed to prescribe Vicodin for a slow taper. Recommendation is for authorization.

## **2 Urine Drug Screens: Overturned**

**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 Section Drug Testing Page(s): 43.

**Decision rationale:** The request is for 2 urine drug screens. However, despite review of all the reports that were provided totaling 113 pages, I was able to uncover only two urine drug screens dated 04/11/2013 and 08/31/2012. Then there is the utilization review letter dated 08/29/2013 that makes reference to 2 urine drug screens from 08/06/2013. Despite careful review of [REDACTED] report from 08/06/2013 including the supplemental report from the same date, I was not able to uncover where 2 urine drug screens were requested. The urine drug screen update on 04/11/2013 and 08/31/2012 were quite appropriate. MTUS Guidelines as well as ODG Guidelines firmly support the use of urine drug screens. Given that this patient is a high risk opiate user, frequent urine drug screens are appropriate and supported by MTUS Guidelines and ODG Guidelines. Recommendation is for authorization.

## **Lumbar Injections, S1,2,3 dorsal medial branch blocks: Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**Decision rationale:** The treating physician, [REDACTED], has requested S1, S2, S3 dorsal median branch blocks to test for a potential SI joint problem. MTUS and ACOEM Guidelines are silent regarding SI joint injections. ODG Guidelines are consulted. ODG Guidelines support intraarticular SI joint injections as long as the criteria are met. ODG Guidelines do not discuss dorsal median branch diagnostic blocks of the SI joint. However, it does state under SI joint radiofrequency that this is not recommended. Recommendation is for denial as dorsal median branch RF ablations are not recommended which really is the purpose behind his dorsal median branch diagnostic blocks. Furthermore, this patient does not have indication for SI joint injection as the patient does not present with at least three positive SI joint physical examination maneuvers. The only examination findings found were tenderness over the SI joint which is inadequate criteria for SI joint diagnosis. Recommendation is for denial.