

<b>Case Number:</b>	CM13-0058200		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	06/04/1993
<b>Decision Date:</b>	03/24/2014	<b>UR Denial Date:</b>	10/30/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/26/2013

### 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 49 year-old male who was injured on 6/4/1993. He has been diagnosed with lumbar DDD; lumbar myofascial pain syndrome; cervical myofascial pain syndrome; s/p cervical fusion; s/p lumbar fusion; cervical radiculitis; cervical DDD .The 9/3/13 pain management report states the pain is at 4-5/10, and the patient gets 50-60% relief with oral pain medications. The patient is reported to be anxious to get a second surgical opinion for cervical or lumbar surgery. The patient reports trying to wean down on the "compounded Oxycodone" and also the "compounded fentanyl".

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Decision for CMPD-Fentanyl 25 day supply, Qty: 600: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 47.

**Decision rationale:** According to the 9/3/13 report, the patient presents with 4-5/10 neck and back pain. The medications were reported to decrease the pain 50-60%. One of the medications

was a "compounded Fentanyl for breakthrough pain" There was no indication of the dosage, or description of what the Fentanyl is compounded with. This is an incomplete prescription for a compounded fentanyl. Without knowing the components or dosage, it cannot be compared to the recommended components or dosages provided in MTUS. On page 111, under topical analgesics, MTUS gives a general statement about compounded products: "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." MTUS for oral fentanyl states: "Not recommended for musculoskeletal pain" therefore, any compounded product that contains fentanyl would not be recommended for this patient with non-cancer, musculoskeletal pain.

**Decision for Fentanyl DIS 50mcg/hr, 30 day supply, Qty: 15: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 93.

**Decision rationale:** According to the 9/3/13 report, the patient presents with 4-5/10 neck and back pain. The pain appears to be in the mild-to-moderate range. Pain medications drop it 50-60%. MTUS states fentanyl patches are only for persistent chronic moderate-to-severe pain that cannot be managed by other means. The report states the patient has a high tolerance to opioid pain medication and that he is highly functional with the medication and without them he would not be able to function. There is no discussion or explanation as to why he is not able to function with 4/10 pain. MTUS states fentanyl patches are to be worn for 72-hours. A 30-day supply would be 10 patches, but the request before me is for 15 patches within the same timeframe. The frequency of use was not provided in the records. The requested number of patches is not in accordance with MTUS guidelines for a 30-day timeframe.

**Decision for Buspirone Tab 5mg 30 day supply, Qty: 120, 2 refills: Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation FDA/Boxed label (<http://www.drugs.com/pro/buspar.html>).

**Decision rationale:** The patient has neck and back pain. There is no discussion of anxiety, and no psychological diagnoses listed. MTUS/ACOEM and ODG did not mention buspirone (Buspar). The FDA labeled indication is for short-term use of anxiety disorders. It is not recommended over 4-weeks. The prior medical reports do not discuss efficacy or list any specific medications. The reports make generalized statements such as "patient was provided refills of his medications" "There is no reporting that the buspirone has been used less than 4-weeks and not rationale provided for it, and no diagnoses that would match its labeled indication. The request does not appear to be in accordance with the FDA label.

**Decision for Bupropion Tab 150mg SR 30 day supply, Qty 30, 2 refills:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16.

**Decision rationale:** According to the 9/3/13 report, the patient presents with 4-5/10 neck and back pain. The pain appears to be in the mild-to-moderate range. Pain medications drop it 50-60%. MTUS states: "While bupropion has shown some efficacy in neuropathic pain there is no evidence of efficacy in patients with non-neuropathic chronic low back pain." The request appears to be in accordance with MTUS recommendations for bupropion.

**Decision for Tizanidine Tab 4mg, 30 day supply, Qty: 90:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 66.

**Decision rationale:** According to the 9/3/13 report, the patient presents with 4-5/10 neck and back pain. The pain appears to be in the mild-to-moderate range. Pain medications drop it 50-60%. MTUS states that tizanidine has some efficacy for myofascial pain syndrome. The patient's diagnoses included lumbar myofascial pain syndrome. The request appears to be in accordance with MTUS guidelines.

**Decision for CMPD-Oxycodone-Methylcel/Food Colo/Silica GE/Acido, 21 day supply, Qty: 150:** Upheld

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

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

**Decision rationale:** According to the 9/3/13 report, the patient presents with 4-5/10 neck and back pain. The pain appears to be in the mild-to-moderate range. Pain medications drop it 50-60%. The request before me is for necessity of "CMPD-Oxycodone-Methylcel/Food Colo/Silica GE/Acido, 21 day supply, Qty: 150" This is an incomplete prescription there is no description of the percentage or milligrams of oxycodone or acetaminophen that each tablet contains. The dosage was not provided. This is an incomplete prescription for a compounded oxycodone product. Without the concentrations of the components, it cannot be compared to the recommended concentrations and doses provided in MTUS. I cannot confirm that the incomplete prescription is in accordance with MTUS guidelines.

