

<b>Case Number:</b>	CM13-0060638		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	07/18/2001
<b>Decision Date:</b>	05/15/2014	<b>UR Denial Date:</b>	11/26/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/03/2013

### 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 Physical Medicine & 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 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:

This case involves a 42 year-old female with 7/18/2001 industrial injury claim. According to the 11/4/13 family practice report from [REDACTED], the patient presents with 5-6/10 low back pain. The report states the medications bring the pain from 9/10 to 6/10, with 30% relief from Duragesic, 30% from percocet and zanaflex helps with the severe myofascial pain. It was noted the patient is pending an evaluation at [REDACTED] for a pacemaker check. The assessment included: s/p 2-level fusion with hardware removal; polypharmacy with associated tachyarrhythmias with small atrial septal defect and chronic spinal pain; positional tachycardia likely related to multiple medication complications; decompensation with discontinuation of atenolol with anterior chest wasll pain consistent with myocardial ischemia; s/p ablation of the SA node with placement of a pacemaker with pericardial effusion with ongoing arrhythmias or afibrillation with rapid ventricular response improved with amiodarone. The patient takes Zofran sumatriptan, temazepam, zyprexa, vit. B12, Valtrex, Marinol, protonix, Norco, dronabinol, nuvigil, fentanyl 100mcg film; lunestra, fiorinal, Percocet, Zanaflex and alprazolam. [REDACTED] recommends a complex pain management program; evaluation with [REDACTED] for SCS trial; On 11/26/13 UR modified the request for Fentanyl 100mcg/hr #15 to allow #10; Percocet 5/325mg #360 to allow #120, Lunestra; temazepam; Alprazolam; and denied the complex pain management program; and the SCS evaluation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

### **1 PRESCRIPTION OF FENTANYL 100MCG/HR ER #15: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines FENTANYL TRANSDERMAL (DURAGESIC)..

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS, DOSING, Page(s): 86-87.

**Decision rationale:** According to the 11/4/13 family practice report from [REDACTED], the patient presents with 5-6/10 low back pain. Fentanyl patches 100mcg/h were prescribed to use every other day. MTUS states the patches are to be worn for a 72-hour period. The also recommends keeping the morphine equivalent dose under 120 MED. The patient has exceeded the MTUS recommended MED and the physician recommended the Fentanyl patches for 48 hours, which is not in accordance with the MTUS and the labeled dosage.

### **1 PRESCRIPTION OF PERCOCET 5/325MG #360: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS, DOSING Page(s): 86-87.

**Decision rationale:** According to the 11/4/13 family practice report from [REDACTED], the patient presents with 5-6/10 low back pain. Fentanyl patches 100mcg/h were prescribed to use every other day, Norco 10/325 2 tabs q4h, and Percocet 5/325mg 2 tabs q4h. The prescription for Percocet will bring the MED up from 360 to 450 MED. The use of Percocet exceeds the MTUS MED dosing recommendations. The patient is taking 3.9 gm Tylenol from the Norco 2 tabs q4h, and would be getting another 3.9 gms of Tylenol from the Percocet. MTUS states the maximum acetaminophen intake is 4g/day. The added percocet will continue to exceed the MTUS MED limitation and the MTUS acetaminophen intake recommendation. The request is not in accordance with MTUS guidelines.

### **1 PRESCRIPTION OF LUNESTA 3MG #30 WITH 3 REFILLS: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), CHRONIC, SLEEP AIDS.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines PAIN OUTCOMES AND ENDPOINTS, Page(s): 8-9 of 127.

**Decision rationale:** According to the 11/4/13 family practice report from [REDACTED], the patient presents with 5-6/10 low back pain. MTUS on page 9 states, "All therapies are focused on the goal of functional restoration rather than merely the elimination of pain and assessment of treatment efficacy is accomplished by reporting functional improvement," There is no discussion

of insomnia or efficacy of Lunestra. Based on the available information, it is not clear if Lunestra has helped or not. MTUS does not recommend continuing treatment that does not produce a satisfactory response. The reporting does not discuss a satisfactory response or functional improvement with use of Lunestra. The continued use of Lunestra without documented efficacy is not in accordance with MTUS guidelines.

**1 PRESCRIPTION OF TEMAZEPAM 30MG #30 WITH 3 REFILLS: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines BENZODIAZEPINES Page(s): 24.

**Decision rationale:** According to the 11/4/13 family practice report from [REDACTED], the patient presents with 5-6/10 low back pain. The records show the patient has been using the benzodiazepines: Alprazolam and Temazepam since at least 5/23/13. MTUS specifically states benzodiazepines are not recommended for long-term use and that most guidelines limit to 4-weeks. The continued use of Alprazolam and Temazepam for over 6-months, is not in accordance with MTUS guidelines.

**1 PRESCRIPTION OF ALPRAZOLAM 2MG #90 WITH 3 REFILLS: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines BENZODIAZEPINES Page(s): 24.

**Decision rationale:** According to the 11/4/13 family practice report from [REDACTED], the patient presents with 5-6/10 low back pain. The records show the patient has been using the benzodiazepines: Alprazolam and Temazepam since at least 5/23/13. MTUS specifically states benzodiazepines are not recommended for long-term use and that most guidelines limit to 4-weeks. The continued use of Alprazolam and Temazepam for over 6-months, is not in accordance with MTUS guidelines.

**1 COMPLEX PAIN MANAGEMENT PROGRAM: Overturned**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS DOSING Page(s): 86-87.

**Decision rationale:** According to the 11/4/13 family practice report from [REDACTED], the patient presents with 5-6/10 low back pain. The patient takes Zofran sumatriptan, temazepam, zyprexa,

vit. B12, Valtrex, Marinol, protonix, Norco, dronabinol, nuvigil, fentanyl 100mcg film; lunestra, fiorinal, Percocet, Zanaflex and alprazolam. [REDACTED] recommends a complex pain management program. The patient has exceeded the MTUS opioid dosing 120 MED. MTUS states the opioid dose should not exceed 120 MED, unless the patient has a pain management consultation. The AME has recommended detoxification, but prior attempts have failed. ACOEM states a referral can be made when the plan or course of care may benefit from additional expertise. The request for a pain management consultation appears to be in accordance with MTUS and ACOEM guidelines

## **1 EVALUATION FOR SPINAL CORD STIMULATOR: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), SPINAL CORD STIMULATORS.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines SPINAL CORD STIMULATORS , Page(s): 105-107.

**Decision rationale:** According to the 11/4/13 family practice report from [REDACTED], the patient presents with 5-6/10 low back pain. The patient has back pain despite a 2-level fusion and hardware removal. She also has a pacemaker implant. While it is not an absolute contraindication for an SCS, the vendors recommend extreme caution when considering an SCS implant in a pacemaker patient. The 7/23/13 AME by [REDACTED] recommended against the SCS or morphine pump. This is a complicated situation. There is delayed recovery, and a portion of the patient's problems appear related to the medications for the back pain. The SCS was not recommended by the AME, but the request has still been forwarded for this IMR. The MTUS indication for an SCS includes at least 1 failed back surgery. The patient has persistent pain following the back surgery. While not an absolute requirement, MTUS does recommend psychological clearance prior to considering SCS or morphine pump. There are not psychological reports provided for this IMR. I recommend following the MTUS recommendation for psychological clearance prior to the SCS, and the AME/expert opinion to delay the SCS until after the medication issues are worked out.