

<b>Case Number:</b>	CM14-0112351		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	08/10/1995
<b>Decision Date:</b>	11/12/2014	<b>UR Denial Date:</b>	07/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/18/2014

### 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 Occupational Medicine 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:

The injured worker is a 58 year old female with a date of injury on 8/10/1995. She is diagnosed with (a) lumbago, (b) sciatica, (c) thoracic and lumbar radiculitis, (d) disc degeneration of the lumbosacral, and (e) morbid obesity. The urine drug screening test dated 1/27/2014 indicates that the results were consistent with her current medications. The 5/9/14 records indicate that the injured worker reported that her legs gave out and caused her to fall to the ground. She rated her pain as 7/10 due to the fall. She also presented knee pain. On examination, she was noted to be using a cane. Tenderness was noted over the lumbar spine and facet joint as well as crepitus. Decreased flexion, extension, and lateral bending and rotation were noted. The knee examination noted tenderness was noted over the bilateral joint line. Crepitus, decreased flexion, and pain with flexion were noted bilaterally. The most recent records dated 6/6/2014 documents that she returned to the provider and complained of low back pain. She reported that with her medications, she was able to shop, to care for self, and do some light housework. She reported that she had a fall, tripped over a parking barrier and injured several areas. She presented with pain and described it as aching and constant. She also stated that her symptoms were ongoing and rated her pain as 7/10 with medications. She also complained of constipation, diabetes mellitus type 2, hypertension, spasms/spasticity, back pain, myalgias, muscle weakness, stiffness, and joint complaints. She also complained of insomnia and depression. The lumbar spine examination noted tenderness over the lumbar spine and facet joint. Decreased flexion, extension, and lateral bending were noted. There was also tenderness over the bilateral sacroiliac joints.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MSIR 15mg #100: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines On going management of opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 79-80.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines indicate that opioids can be discontinued if there is no overall improvement in function unless there are extenuating circumstances. In this case, due to the provision of morphine sulfate immediate release and oxycodone, the injured worker is noted to be experiencing functional improvements (e.g. doing yard work, shop, and care for self, and do some light housework). However, she had two extenuating circumstances that occurred in May 2014 and June 2014, respectively. The records dated 5/9/2014 indicate that her legs gave out and she fell on the ground which caused her not to get up for 24 hours. This "giving out" of her legs may indicate an exacerbation of her pain and its associated symptoms. Her other extenuating circumstance is the trip and fall as documented in her 6/6/2014 records which also indicates that she sustained multiple injuries. Moreover, her most recent urine drug screening test findings indicate consistent results with current medical regimen and there are no signs of aberrant behavior. Based on the evidence of extenuating circumstances and monitoring of drug adherence through urine drug screening, the medical necessity of the requested morphine sulfate immediate release 15mg #100 is established. According to the utilization review, there is no documentation of pain contract on file or a urine drug screening performed to monitor compliance and screen for aberrant behavior. These are now provided. Therefore the request is medically necessary.

**Duragesic 100mcg/hr trans dermal patch #10: Overturned**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, Opioids, long-term assessment, Page(s): 78-80 88-89.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines indicate that opioids are not recommended to be used in the chronic phase. If it is to be used, in the long term, the clinical presentation and documentation should meet the criteria as outlined by evidence-based guidelines. Criteria for ongoing management with opioid include that the prescription must be from a single provider and all prescriptions must be received from a single pharmacy, lowest dose possible should be provided, there should be documentation of the 4 A's (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors), use of drug screening, documentation of misuse of medications, and continuing review of overall situation with regard to non-opioid means of pain control. The guidelines further indicate that discontinuation of opioids should be done if there is no overall improvement in function unless

there are extenuating circumstances or in order to continue opioid medication the injured worker should be documented that he has returned to work and has improved functioning and pain. In this injured worker's case, it should be noted that based on her 6/6/2014 progress note, she reported that she was able to shop, to care for self, and do some light housework with the help of her medications which can be considered to be functional improvements due to continued utilization of medications. Additionally, it is also reasonable to warrant the medication as she had two extenuating circumstances that occurred in May 2014 and June 2014, respectively. On 5/9/14, it was indicated that her legs gave out and she fell onto the ground and on 6/6/14 she had another trip and fall in which she sustained multiple body injuries. Her legs giving out as well as her continued pain after those two incidents are considered to be extenuating circumstances that can justify her need for continued opioid management. Furthermore the provided urine drug screening result was consistent with her current pharmacological regimen and there were no signs of misuse, abuse, and illicit drugs use. She was not also at risk for developing drug-related aberrant behaviors. With this information, it can be concluded that the medical necessity of the requested Duragesic 100mcg per hour transdermal patch #10 is established. According to the utilization review, there is no documentation of pain contract on file or a urine drug screening performed to monitor compliance and screen for aberrant behavior. These are now provided. Therefore the request is medically necessary.

**Voltaren 1% topical gel, 4 grams times 3 refills, for 5/100g: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines indicate that this medication according to most studies conducted is only indicated for short-term usage (2 weeks at most). Its effect is noted to be none or diminishing after the indicated period. The guidelines also indicate that this has not been evaluated for treatment of the spine, hip, or shoulder. In this case, the records indicate that there is no evidence of intolerance toward oral forms of nonsteroidal anti-inflammatory drugs. Moreover, the prescription is set for long term use. As there is no support for long-term use by evidence based guidelines and there is no provision of a clear-cut rationale or justification for long term usage, the medical necessity of the requested Voltaren 1% topical gel 4 grams times 3 refills for 5/100 grams is not established. Therefore the request is not medically necessary.

**Lexapro 20mg #30 times 2 refills: 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 Antidepressants for chronic pain, Page(s): 16.

**Decision rationale:** Lexapro (Escitalopram) is an anti-depressant medication that is classified as selective serotonin reuptake inhibitors. According to the Chronic Pain Medical Treatment Guidelines, this class of antidepressants is indicated for major depressive disorders however this drug class is controversial for the use with pain. In this case, the injured worker is noted to be complaining of depression secondary to pain however there is no indication that the injured worker is under the care of a psych specialist or had undergone psychological testing in order to rule out the cause of her psych-related problems. Also, long-term use of psych medications should also be under the guidance of a psych specialist. Based on these reasons, the medical necessity of the requested Lexapro 20 mg #30 times 2 refills are not established. Therefore the request is not medically necessary.

**Toradol Injection 60mg 2ml:** 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 NSAIDs, specific drug list & adverse effects, Page(s): 72.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines indicate that Toradol injections are recommended as an option to corticosteroids injections to the shoulders with up to three injections. If it is provided intramuscularly, this medication can be used as an alternative to opioid therapy. In this case, the injured worker is noted to be on opioid medication and records do not indicate intolerance to both oral forms of opioids and nonsteroidal anti-inflammatory drug medications. Moreover, records do indicate that due to the current medical regimen her functional activities have been improving however due to certain instances that occurred recently her pain levels remained at moderate to severe levels. Furthermore, this medication is not indicated for minor or chronic painful conditions. This injured worker's injury dates back in 1995 and understandably her pain and its symptoms are already considered to be chronic in nature. Thus, based on the provided reasons the medical necessity of the requested Toradol injection 60 mg 2 mL is not established. Therefore the request is not medically necessary.