

<b>Case Number:</b>	CM14-0113808		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	08/09/2001
<b>Decision Date:</b>	09/24/2014	<b>UR Denial Date:</b>	07/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/21/2014

### 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 Physical Medicine & Rehabilitation, has a subspecialty in Pain Management 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 63-year-old female with a reported date of injury on 08/09/2001. The mechanism of injury was noted to be a crush injury. Her diagnoses were noted to include opioid-type dependence, joint pain, and right elbow pain. Her previous treatments were noted to include medications and surgery. The progress note dated 06/19/2014 revealed the injured worker had limited active range of motion of the elbow and constant burning pain. She complained of atrophy in the lower arm and total functionality was limited. The injured worker indicated the medications allowed her to function to an extent. The physical examinations revealed edema to the extremities and full range of motion in all planes to her back. The progress note dated 07/15/2014 revealed the injured worker rated her pain 7/10 to 8/10, characterized as burning, aching, and electric. The injured worker indicated her pain was decreased by medications. The physical examination revealed full range of motion to all planes to her back. The provider indicated a urine drug screen performed 06/19/2014 tested positive for oxycodone and negative for illicit drugs. The Request for Authorization form was not submitted within the medical records. The request was for a quarterly urine drug screen, quarterly alcohol test, Pepcid 20 mg (unspecified quantity), Percocet (generic) 10/325 mg #60, fentanyl patch 12 mcg #10, Ultracin cream #1, and Topamax 50 mg (unspecified quantity); however, the provider's rationale was not submitted within the medical records.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Quarterly urine drug screen:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, steps to avoid misuse/addiction Page(s): 94. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, urine drug testing.

**Decision rationale:** The injured worker had a urine drug screen performed 06/19/2014. The California Chronic Pain Medical Treatment Guidelines recommend frequent random urine toxicology screens in the steps to avoid misuse of opioids and for those at high risk of abuse. The Official Disability Guidelines state patient's at high risk of adverse outcomes may require testing as often as once per month. This category generally includes individuals with active substance abuse disorders. There is a lack of documentation regarding the injured worker having a current substance abuse disorder and a urine drug screen was performed 06/2014 and the results were negative, therefore quarterly urine drug screen is not appropriate at this time. Therefore, the request is not medically necessary.

**Quarterly alcohol test:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Labtestsonline.org.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, urine drug testing.

**Decision rationale:** The injured worker had a previous urine drug screen performed 07/2014. The Official Disability Guidelines recommend for patients at high risk of adverse outcomes may require testing as often as once per month. This category generally includes individuals with active substance abuse disorders. There is a lack of documentation regarding previous alcohol substance abuse to warrant a quarterly alcohol test. The documentation provided indicated the injured worker was not an alcoholic and therefore, a quarterly alcohol test is not warranted at this time. As such, the request is not medically necessary.

**Pepcid 20mg (unspecified quantity):** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Mosby's Drug Consult.

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

**Decision rationale:** The injured worker has been utilizing this medication since at least 06/2014. The California Chronic Pain Medical Treatment Guidelines recommend physicians to determine if the patient is at risk for gastrointestinal events, such as age greater than 65 years, history of peptic ulcer, gastrointestinal bleeding or perforation, concurrent use of aspirin, corticosteroids

and/or an anticoagulant, or high dose/multiple NSAIDs. There is a lack of documentation regarding the injured worker taking NSAIDs to warrant prophylactic Pepcid. Additionally, the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request is not medically necessary.

**Percocet (generic) 10/325 mg #60: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-going Management Page(s): 78.

**Decision rationale:** The injured worker has been utilizing this medication since at least 06/2014. According to the California Chronic Pain Medical Treatment Guidelines, the ongoing use of opioid medications may be supported with detailed documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines also state that the 4 A's for ongoing monitoring, including analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors, should be addressed. There is a lack of evidence of decreased pain on a numerical scale with the use of medications. There is a lack of documentation regarding improved functional status with activities of daily living with the use of medications. There is a lack of documentation regarding side effects and the urine drug screen performed 06/2014 was consistent with therapy. Therefore, due to the lack of evidence of significant pain relief, increased functional status, and adverse effects, the ongoing use opioid medications is not supported by the guidelines. Additionally, the request failed to provide the frequency at which this medication is to be utilized. As such, the request is not medically necessary.

**Fentanyl patch 12mcg # 10: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Fentanyl; Duragesic (fentanyl transdermal system) Page(s): 47,44.

**Decision rationale:** The injured worker has been utilizing this medication since at least 06/2014. The California Chronic Pain Medical Treatment Guidelines do not recommend fentanyl as a first-line therapy. Duragesic is the trade name of the fentanyl transdermal therapeutic system, which releases fentanyl, a potent opioid, slowly through the skin. The FDA-approved product labeling states that Duragesic is indicated in the management of chronic pain in patients who require continuous opioid analgesia for pain that cannot be managed by other means. The guidelines state fentanyl is an opioid analgesic with a potency 80 times that of morphine. Weaker opioids are less likely to produce adverse effects than strong opioids, such as fentanyl. There is a lack of documentation regarding efficacy of this medication and the request

failed to provide the frequency at which this medication is to be utilized. Therefore, the request is not medically necessary.

**Ultracin cream # 1:** 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; Salicylate topicals Page(s): 105, 111, 113.

**Decision rationale:** The injured worker has been utilizing this medication since at least 06/2014. Ultracin consists of methyl salicylate 28%/menthol 10%/capsaicin 0.025%. The California Chronic Pain Medical Treatment Guidelines recommend topical analgesics for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. There is little to no research to support the use of many of these agents. Any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. The guidelines recommend capsaicin only as an option in patients who have not responded or are intolerant to other treatments. Capsaicin is generally available as a 0.025% formulation (as a treatment for osteoarthritis) and a 0.075% (primarily studied for postherpetic neuralgia, diabetic neuropathy, and post mastectomy pain). The guidelines recommend topical salicylates, stating they are significantly better than placebo in chronic pain. There is a lack of documentation of the injured worker having an inability to tolerate oral medications to warrant capsaicin, or a diagnosis consistent with osteoarthritis. Additionally, the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request is not medically necessary.

**Topamax 50mg (unspecified quantity):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

**Decision rationale:** The injured worker has been utilizing this medication since at least 06/2014. The California Chronic Pain Medical Treatment Guidelines recommend anti-epilepsy drugs for neuropathic pain (pain due to nerve damage). There is a lack of expert consensus on the treatment of neuropathic pain in general due to heterogeneous etiologies, symptoms, physical signs, and mechanisms. Most randomized controlled trials for the use of this class of medication for neuropathic pain have been directed at postherpetic neuralgia and painful polyneuropathy. There are few randomized controlled trials directed at central pain and none for painful radiculopathy. The documentation provided indicated the injured worker had constant burning pain at her elbow; however, there was a lack of documentation regarding radiating pain to

warrant Topamax. Additionally, the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request is not medically necessary.