

<b>Case Number:</b>	CM14-0165461		
<b>Date Assigned:</b>	10/10/2014	<b>Date of Injury:</b>	08/01/2011
<b>Decision Date:</b>	11/25/2014	<b>UR Denial Date:</b>	09/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/07/2014

### 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 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 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 patient is a 29-year-old male with an injury date of 08/01/11. Based on the 08/28/14 comments report provided by [REDACTED], the patient's complaints of discogenic low back pain rated 7-8/10. Physical examination revealed that the patient continues with discogenic low back pain, and facetogenic pain as well. Patient has been prescribed water therapy, physical therapy and acupuncture, which increased his pain level. Patient reports medications are not working, however not taking the meds makes his pain even worse. His medications include Dilaudid, Celebrex, Soma and Fentanyl patch. Patient reports Baclofen trial worked well. Treater states discussing treatment agreement and the 4A's with patient. Patient is temporarily totally disabled. Diagnosis 08/28/14, lumbosacral spondylosis without myelopathy, degenerative lumbar/lumbosacral intervertebral disc, spasm of the muscle, thoraco/lumbosacral neuritis/radiculitis unspecified, lumbago. The utilization review determination being challenged is dated 09/10/14. The rationale follows: 1) Dilaudid 8mg 1po tid prn b/t pain #90: "Not enough documentation presented to justify medical necessity" 2) Baclofen 10mg 1-2 bid prn #90: "no muscle spasm findings" 3) Celebrex 20mg bid #60: "Not enough documentation presented to justify medical necessity" 4) Fentanyl patch 50mg 1 patch q3d prn #10: "no rationale given [REDACTED] [REDACTED] is the requesting provider is provided frequent reports from 03/27/14 - 08/28/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Dilaudid 8mg 1 po tid prn b/t pain #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Weaning of Medications Page(s): 78-80;.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Guidelines MTUS Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 88 and 89, 78.

**Decision rationale:** The patient presents with discogenic low back pain rated 7-8/10. The request is for Dilaudid 8mg 1po tid prn b/t pain #90. His diagnosis dated 08/28/14 included lumbosacral spondylosis without myelopathy and degenerative lumbar/lumbosacral intervertebral disc. Patient has been prescribed water therapy, physical therapy and acupuncture, which increased his pain level. Patient reports medications are not working, however not taking the meds makes his pain even worse. Treater states in progress report 08/28/14 "the patient had a chance discuss the treatment agreement again and informed consent is reestablished for medical management and 4A's (A-analgesia, A-adverse effect/side effect, A-activity level, A-abuse/addiction) are discussed and documented." MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In this case, treater does not state how Dilaudid reduces pain and significantly improves patient's activities of daily living. He mentions discussing and documenting the 4A's, however specific examples were not available in medical records. Progress report dated 08/28/14 also states, "Baseline UDT/Urine Drug testing not done on 02/06/12. Repeat UDS in the future." There are no discussions regarding aberrant drug behavior and specific ADL's, etc. Given the lack of documentation as required by MTUS, recommendation is for denial.

**Baclofen 10mg 1-2 bid prn #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Guidelines MTUS states: Muscle relaxants (for pain) Page(s): 63-66.

**Decision rationale:** The patient presents with discogenic low back pain rated 7-8/10. The request is for Baclofen 10mg 1-2 bid prn #90. His diagnosis dated 08/28/14 included lumbosacral spondylosis without myelopathy and degenerative lumbar/lumbosacral intervertebral disc. Patient has been prescribed water therapy, physical therapy and acupuncture, which increased his pain level. Patient reports medications are not working, however not taking the meds makes his pain even worse. MTUS pg. 63-66 states: "Muscle relaxants (for pain): Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. The most commonly prescribed antispasmodic agents are carisoprodol, cyclobenzaprine, metaxalone, and methocarbamol, but despite their popularity, skeletal muscle relaxants should not be the primary drug class of choice

for musculoskeletal conditions. Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available): Recommended for a short course of therapy." Treater states in progress report dated 08/28/14 that Baclofen trial worked well according to patient. However, the utilization review date is 09/10/14, and treater is requesting quantity 90, which does not indicate he intends short-term use of medication. Guidelines do not suggest use of cyclobenzaprine for chronic use longer than 2-3 weeks. Recommendation is for denial.

**Celebrex 20mg bid #60: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-68; 70.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MTUS supports it for chronic low back pain, NSAID's, MTUS MEDICATION FOR CHRONIC PAIN Page(s):.

**Decision rationale:** The patient presents with discogenic low back pain rated 7-8/10. The request is for Celebrex 20mg bid #60. His diagnosis dated 08/28/14 included lumbosacral spondylosis without myelopathy and degenerative lumbar/lumbosacral intervertebral disc. Patient has been prescribed water therapy, physical therapy and acupuncture, which increased his pain level. Regarding NSAID's, MTUS page 22 supports it for chronic low back pain, at least for short-term relief. It is also supported for other chronic pain conditions. MTUS p60 also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. Patient reports medications are not working, however not taking the meds makes his pain even worse. The request meets MTUS indication. Recommendation is for authorization.

**Fentanyl Patch 50ugh 1 patch q3d prn #10: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MTUS Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 78, 88 and 89.

**Decision rationale:** The patient presents with discogenic low back pain rated 7-8/10. The request is for Fentanyl patch 50mg 1 patch q3d prn #10. His diagnosis dated 08/28/14 included lumbosacral spondylosis without myelopathy and degenerative lumbar/lumbosacral intervertebral disc. Patient has been prescribed water therapy, physical therapy and acupuncture, which increased his pain level. Patient reports medications are not working, however not taking the meds makes his pain even worse. Treater states in progress report 08/28/14 "the patient had a chance discuss the treatment agreement again and informed consent is reestablished for medical management and 4A's (A-analgesia, A-adverse effect/side effect, A-activity level, A-abuse/addiction) are discussed and documented." MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain

assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In this case, treater does not state how Fentanyl patch reduces pain and significantly improves patient's activities of daily living. He mentions discussing and documenting the 4A's, however specific examples were not available in medical records. Progress report dated 08/28/14 also states, "Baseline UDT/Urine Drug testing not done on 02/06/12. Repeat UDS in the future." There are no discussions regarding aberrant drug behavior and specific ADL's, etc. Given the lack of documentation as required by MTUS, recommendation is for denial.