

<b>Case Number:</b>	CM14-0185785		
<b>Date Assigned:</b>	11/13/2014	<b>Date of Injury:</b>	04/22/2013
<b>Decision Date:</b>	12/30/2014	<b>UR Denial Date:</b>	10/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/07/2014

### 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 & 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 30-year-old male with a date of injury of 04/22/2013. According to progress report 09/30/2014, the patient presents with chronic low back pain. The pain level has increased since last visit, and the patient rates his pain with medication as 7/10. Current medication regimen includes ibuprofen 800 mg, Gralise ER 600 mg, trazodone 50 mg, fentanyl 25 mcg/hr patch, Norco 10/325 mg, and Cleocin HCl 300 mg. The patient is status post rod replacement surgery on the right leg of 04/22/2014. Examination of the lumbar spine revealed restrictive flexion and extension limited due to pain. The patient cannot heel or toe walk. Straight leg raising testing is positive on the right side in the sitting position at 90 degrees. On sensory exam, light touch sensation is decreased over the lateral foot on all digits. The listed diagnoses are: 1) Lumbar radiculopathy, 2) Pain in limb, 3) Pain in joint lower leg. Treatment plan includes refill of medications. Utilization review denied the request of 10/10/2014. Treatment reports from 04/10/2014 through 09/30/2014 were provided for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Fentanyl 25mcg/hr patch 1 patch to skin every 2 days #15:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drugs Page(s): 18-19.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
CRITERIA FOR USE OF OPIOIDS Page(s): 88,89 76-78.

**Decision rationale:** This patient presents with chronic low back pain. The current request is for fentanyl 25 mcg/hr patch 1 patch to skin every 2 days #15. MTUS Guidelines pages 88 and 89 state, "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. Review of the medical file indicates that Fentanyl patches were initiated on 07/11/2014. The treater states in his 09/30/2014 report that "fentanyl was changed to q.2 days from q.3 days, and he is more functional and is sleeping more." Report 07/11/2014 states that "the patch starts to wear off the third day during which he experiences increase in pain." He reports some lightheadedness with the patch which has improved slightly over the past few weeks. On 06/03/2014, the treater mentions "a detailed discussion of the patient's current functional status on medication was performed with the patient today." The treater mentions that with medications the patient "is sleeping more," but further specific functional improvement or changes in ADLs are not discussed. There is no discussion regarding change in work status or return to work to show significant functional improvement. In addition, the treater does not provide urine drug screens or CURES reports to monitor for compliance. In this case the treating physician has failed to document the minimum requirements of documentation that are outlined in the MTUS for continued opioid usage. The request is not medically necessary.

**Norco 10.325mg tablets 1 tablet twice a day #56:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Opioids Page(s): 78-80.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
CRITERIA FOR USE OF OPIOIDS Page(s): 88,89 76-78.

**Decision rationale:** This patient presents with chronic low back pain. The current request is for Norco 10/325-mg tablets 1 tablet twice a day #56. MTUS Guidelines pages 88 and 89 state, "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. Review of the medical file indicates that the patient has been prescribed Norco 10/325mg since at least 4/15/14. On 06/03/2014, the treater mentions "a detailed discussion of the patient's current functional status on medication was performed with the patient today." The treater mentions that with medications the patient "is sleeping more," but further specific functional improvement or changes in ADLs are not discussed. There is no discussion regarding change in work status or return to work to show significant functional improvement. In addition, the treater does not provide urine drug screens or CURES reports to monitor for compliance. In this

case the treating physician has failed to document the minimum requirements of documentation that are outlined in the MTUS for continued opioid usage. The request is not medically necessary.

**Gralise ER 600mg tablet 5 tablets by mouth with evening meal #150, refill 1:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Page(s): 18-19.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines gabapentin Page(s): 18 and 19.

**Decision rationale:** This patient presents with chronic low back pain. The current request is for Gralise ER 600-mg tablet 5 tablets by mouth with evening meal #150, refill 1. The MTUS Guidelines page 18 and 19 has the following regarding Gabapentin, "Gabapentin has shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered a first line treatment for neuropathic pain." Review of the medical file indicates the patient has been taking Gralise since at least 04/15/2014. This patient is status post rod replacement surgery on the right leg of 04/22/2014 and continues with radicular pain. The treater has not documented much in terms of discussing this medications efficacy, but has mentioned that the patient is sleeping better with current medications. Given the patient's recent surgery and continued pain, the request is medically necessary.