

Case Number:	CM14-0185982		
Date Assigned:	11/13/2014	Date of Injury:	10/07/2003
Decision Date:	12/22/2014	UR Denial Date:	10/10/2014
Priority:	Standard	Application Received:	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 55 years old male with an injury date of 10/07/03. Based on the 06/05/14 progress report provided by treating physician, the patient complains of neck pain rated 4/10 with medications that radiates to his left upper extremity. Patient is status post back, neck and knee surgeries per treater report dated 10/02/14. Patient also reports insomnia, anxiety and depression secondary to pain and disability. Physical examination to the cervical spine on 08/28/14 revealed tenderness to palpation to the cervical paraspinal muscles, and minimal range of motion, especially on left and right rotation 10 degrees. Spurlings Test was positive on the right for pain and positive on the left for radiculopathy. Per treater report dated 06/05/14, patient suffered cardiac arrest August 2013 followed by stent placement and is on anticoagulant therapy. Patient states his pain has improved 30% with medications. Nucynta has been prescribed for breakthrough pain and Fentanyl patch for around the clock pain control. Amytriptyline is prescribed for neuropathic pain. Medications improve function, and decrease pain which is well controlled. Norco, Omeprazole, Methadone, Amytriptyline and Fentanyl were prescribed in treater report dated 05/30/14. With opioid medications, patient notes sitting, standing and walking tolerances improved 50%. Patient was hospitalized for hypertension and internal bleeding of unknown origin. Patient noted combination of medications taken for pain, cardiac and GI issues caused significant GI upset. Patient had endoscopy and colonoscopy while hospitalized. Urine drug screen was performed 09/23/14 which revealed consistent results. Tagaderm dressing keep Fentanyl patches from coming off when patient sweats. Patient is on home exercise program. Per treater report dated 08/28/14, history/discussion states patient is working full time, however under work status he is temporarily totally disabled. Diagnosis 06/05/14:- failed back syndrome- other internal derangement of knee- degenerative disc disease,

cervical- displaced disc with myelopathy, cervicalThe utilization review determination being challenged is dated 10/10/14. All requests were modified to half quantity, except Omeprazole, which was denied for patient not being on NSAIDs. Treatment reports were provided from 05/30/14 -10/02/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Amitriptyline 100mg, #28: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13-15.

Decision rationale: The patient presents with neck pain rated 4/10 with medications that radiates to his left upper extremity. The request is for AMYTRIPTYLINE 100MG #28. Patient is status post back, neck and knee surgeries per treater report dated 10/02/14. Patient's diagnosis dated 06/05/14 included failed back syndrome, internal derangement of knee, cervical degenerative disc disease, and cervical displaced disc with myelopathy. Norco, Omeprazole, Methadone, Amytriptyline and Fentanyl were prescribed in treater report dated 05/30/14. Per treater report dated 08/28/14, history/discussion states patient is working full time, however under work status he is temporarily totally disabled.Regarding anti-depressants, MTUS Guidelines, page 13-15, CHRONIC PAIN MEDICAL TREATMENT GUIDELINES: Antidepressants for chronic pain states: "Recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. (Feuerstein, 1997) (Perrot, 2006) Tricyclics are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated. Analgesia generally occurs within a few days to a week, whereas antidepressant effect takes longer to occur. (Saarto-Cochrane, 2005) Assessment of treatment efficacy should include not only pain outcomes, but also an evaluation of function, changes in use of other analgesic medication, sleep quality and duration, and psychological assessment." Patient reports insomnia, anxiety and depression secondary to pain and disability. Patient states his pain has improved 30% with medications. Patient has been taking Amytriptyline since progress report dated 05/30/14. Given the patient's pain symptoms and depression, the request appears reasonable and inline with MTUS. The request is medically necessary.

Methadone 10mg #168: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria For Use Of Opioids Page(s): 88, 89, 76-78.

Decision rationale: The patient presents with neck pain rated 4/10 with medications that radiates to his left upper extremity. The request is for METHADONE 10MG #168. Patient is status post back, neck and knee surgeries per treater report dated 10/02/14. Patient's diagnosis dated 06/05/14 includes failed back syndrome, internal derangement of knee, cervical degenerative disc disease, and cervical displaced disc with myelopathy. Patient states his pain has improved 30% with medications. With opioid medications, patient notes sitting, standing and walking tolerances improved 50%. Urine drug screen was performed 09/23/14 which revealed consistent results. Norco, Omeprazole, Methadone, Amytriptyline and Fentanyl were prescribed in treater report dated 05/30/14. Per treater report dated 08/28/14, history/discussion states patient is working full time, however under work status he is temporarily totally disabled.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, the 4A's have been addressed, adequate documentation has been provided including numeric scales and functional measures that show significant improvement. The request is medically necessary.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, the 4A's have been addressed, adequate documentation has been provided including numeric scales and functional measures that show significant improvement. Recommendation is for authorization.

Norco 10/325mg #168: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria For Use Of Opioids Page(s): 88,89 76-78.

Decision rationale: The patient presents with neck pain rated 4/10 with medications that radiates to his left upper extremity. The request is for NORCO 10/325MG #168. Patient is status post back, neck and knee surgeries per treater report dated 10/02/14. Patient's diagnosis dated 06/05/14 includes failed back syndrome, internal derangement of knee, cervical degenerative disc disease, and cervical displaced disc with myelopathy. Patient states his pain has improved 30% with medications. With opioid medications, patient notes sitting, standing and walking tolerances improved 50%. Urine drug screen was performed 09/23/14 which revealed consistent results. Norco, Omeprazole, Methadone, Amytriptyline and Fentanyl were prescribed in treater report dated 05/30/14. Per treater report dated 08/28/14, history/discussion states patient is working full time, however under work status he is temporarily totally disabled.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, the 4A's have been addressed, adequate documentation has been provided including numeric scales and functional measures that show significant improvement. The request is medically necessary. 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, the 4A's have been addressed, adequate documentation has been provided including numeric scales and functional measures that show significant improvement. Recommendation is for authorization.

Fentanyl 75mcg/hr transdermal patch #15: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria For Use Of Opioids Page(s): 88, 89, 76-78.

Decision rationale: The patient presents with neck pain rated 4/10 with medications that radiates to his left upper extremity. The request is for FENTANYL 75MG/HR TRANSDERMAL PATCH #15. Patient is status post back, neck and knee surgeries per treater report dated 10/02/14. Patient's diagnosis dated 06/05/14 includes failed back syndrome, internal derangement of knee, cervical degenerative disc disease, and cervical displaced disc with myelopathy. Patient states his pain has improved 30% with medications. With opioid medications, patient notes sitting, standing and walking tolerances improved 50%. Urine drug screen was performed 09/23/14 which revealed consistent results. Norco, Omeprazole, Methadone, Amytriptyline and Fentanyl were prescribed in treater report dated 05/30/14. Per treater report dated 08/28/14, history/discussion states patient is working full time, however under work status he is temporarily totally disabled. 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, the 4A's have been addressed, adequate documentation has been provided including numeric scales and functional measures that show significant improvement. The request is medically necessary.

Omeprazole 20mg capsule DR #30: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines states NSAIDs, GI symptoms and cardiovascular risk Page(s): 69.

Decision rationale: The patient presents with neck pain rated 4/10 with medications that radiates to his left upper extremity. The request is for OMEPRAZOLE 20MG CAPSULE DR #30. Patient is status post back, neck and knee surgeries per treater report dated 10/02/14. Patient's diagnosis dated 06/05/14 includes failed back syndrome, internal derangement of knee, cervical degenerative disc disease, and cervical displaced disc with myelopathy. Patient states his pain has improved 30% with medications. With opioid medications, patient notes sitting, standing and walking tolerances improved 50%. Norco, Omeprazole, Methadone, Amytriptyline and Fentanyl were prescribed in treater report dated 05/30/14. Per treater report dated 08/28/14, history/discussion states patient is working full time, however under work status he is temporarily totally disabled. Regarding NSAIDs and GI/CV risk factors, MTUS requires determination of risk for GI events including age >65; history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, and/or an anticoagulant; or high dose/multiple NSAID. MTUS pg 69 states "NSAIDs, GI symptoms and cardiovascular risk, Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." Per UR letter dated 10/10/14, the request was denied due to patient not taking NSAIDs. However, per treater report dated 06/05/14, patient suffered cardiac arrest August 2013 followed by stent placement and is on anticoagulant therapy. Patient was hospitalized for hypertension and internal bleeding of unknown origin. Patient noted combination of medications taken for pain, cardiac and GI issues caused significant GI upset. Patient had endoscopy and colonoscopy while hospitalized. Treater has provided GI assessment and patient is on anticoagulant therapy, which meets guideline indications for PPI therapy. The request is medically necessary.

Tegaderm 3 1/2" x 4" bandage #30: Overturned

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 Criteria For Use Of Opioids Page(s): 88, 89, 76-78.

Decision rationale: The patient presents with neck pain rated 4/10 with medications that radiates to his left upper extremity. The request is for TEGADERM 3 1/2" X 4" BANDAGE #30. Patient is status post back, neck and knee surgeries per treater report dated 10/02/14. Patient's diagnosis dated 06/05/14 includes failed back syndrome, internal derangement of knee, cervical degenerative disc disease, and cervical displaced disc with myelopathy. Patient states his pain has improved 30% with medications. With opioid medications, patient notes sitting, standing and walking tolerances improved 50%. Urine drug screen was performed 09/23/14 which revealed consistent results. Norco, Omeprazole, Methadone, Amytriptyline and Fentanyl were prescribed in treater report dated 05/30/14. Per treater report dated 08/28/14,

history/discussion states patient is working full time, however under work status he is temporarily totally disabled. 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. Tagaderm dressing is requested to keep Fentanyl patches from coming off when patient sweats. In this case, the 4A's have been addressed, adequate documentation has been provided including numeric scales and functional measures that show significant improvement. Fentanyl patches have been authorized and patient will benefit from Tagaderm bandage. The request is medically necessary.