

<b>Case Number:</b>	CM14-0020822		
<b>Date Assigned:</b>	04/30/2014	<b>Date of Injury:</b>	03/02/2004
<b>Decision Date:</b>	07/08/2014	<b>UR Denial Date:</b>	02/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/19/2014

### 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:

This patient is a 38-year-old male with date of injury 03/02/2004. Per treating physician's report 01/09/2014, the patient presents with low back pain with left leg pain, bilateral feet numbness, status post fusion. There has been no change and the patient continues to experience increased pain. Everything prescribed is now denied, so he is paying for Fentora which is given to him at reduced price through a voucher. The patient has listhesis at L5-S1 per his last MRI. The patient's sleep quality is poor. Average pain is 9/10, mood since last visit 9/10, functional level since last visit 9/10. MRI is described from 01/02/2013. Postsurgical changes seen at L5-S1 without definite evidence of recurrent or residual central canal or neuroforaminal stenosis. Anterolisthesis at L5-S1 was once again noted. Under treatment discussion, informed consent is established for medical management and 4 A's are discussed and met/documented. Baseline urine drug screen obtained at previous visit, confirmatory results from 06/03/2009 consistent with patient's current medication regimen. Other urine drug screens are done from 03/20/2012 through 03/26/2013. The patient was to start physical therapy, continue weight loss, follow up dental consultation, continue with recommendation for lap-band. Next report is from 12/12/2013 with average pain a 9/10, mood 9/10, functional level at 10/10. The patient has been having numbness in both hands started 2 weeks ago and pain all the time and would like to try Opana again. Under treatment discussion again, it states, Today, informed consent is reestablished for medical management and 4 A's are discussed and met/documented. Next report is from 11/13/2013. Average pain level is a 10/10, mood 10/10, functional level 10/10. Most of the pain is in the low back with radiating down both legs, fentanyl and Abstral is working well for him, taking Norco for breakthrough. Next report is from 10/16/2013. Average pain is at 8/10. Authorization for medial branch blocks still has not been authorized, continues to complain of

low back pain that limits his ability to stand and walk for prolonged periods of time, having hard time finding comfortable position and sleep is poor. Relies on Fentora for severe pain. Discussed other medications. The patient notes that he "cannot even go shopping with his wife due to the pain."

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **LEFT L3, L4 AND L5 MEDICAL BRANCH BLOCK: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG guideline, low back, online for diagnostic facet blocks.

**Decision rationale:** This patient presents with chronic low back pain and the patient is status post lumbar fusion at L5-S1 from 2009. The patient presents with high levels of pain on each of the treating physician's visitations. The request is for left L3, L4, L5 dorsal medial branch diagnostic blocks to address potential facet joint mediated pain. ODG Guidelines do support facet diagnostic evaluation, but not at the level of the fusion. Furthermore, ODG Guidelines do not support facet diagnostic evaluations when radiculopathy is present. On this patient, the treating physician clearly believes that this patient suffers from radiculopathy with significant radiating symptoms down to both lower extremities with a listed diagnosis of lumbar radiculopathy. Based on these two findings, recommendation is for denial and thus not medically necessary.

#### **PRESCRIPTION OF OPANA ER 20MG, #60: Overturned**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain, CRITERIA FOR USE OF OPIOIDS Page(s): 60, 61, 88, 89.

**Decision rationale:** This patient presents with chronic low back pain. The patient has high levels of pain rated at 8/10 to 10/10 including mood and function. The treating physician has asked for trial of Opana and the reason is that the prior medications simply have not worked that well. MTUS Guidelines do support trial of different opiates to help manage chronic musculoskeletal pain. In this case, fentanyl patches and Norcos have failed to improve this patient's pain, with the patient's pain level still at 9/10 to 10/10. Trial of a different medication may be reasonable to determine whether or not functional gains and pain reductions can be achieved with a different type of opiates. Although the treating physician does not specifically document analgesia, activities of daily living, adverse effects, etc., the request is for trial of Opana to determine its efficacy. The request is medically necessary.

**PRESCRIPTION OF FENTORA 400UGM, 58: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Section, Medications for Chronic Pain Section Page(s): 78, 88-89, 60-61.

**Decision rationale:** This patient presents with chronic low back pain with history of lumbar fusion from 2009. The request is for continued use of Fentora. However, review of the reports does not show that this medication has been helpful at all. While the treating physician states "fentanyl is working well" per 12/12/2013 report, on this very same report, patient's pain level is at 9/10. Furthermore, other reports indicate that the patient is not even able to shop, has high level of pain, has difficulty standing, walking. Patient's functional level is very poor and one cannot tell that the oral opiates or fentanyl patches are doing anything for this patient. Given the lack of documentation of functional benefit which needs to be described with specific activities of daily living, recommendation is for denial and taper of this medication. MTUS Guidelines page 60 require documentation of pain and function when medications are used on a chronic basis. For chronic opiate use, page 78 of MTUS Guidelines specifically require documentation of 4 A's including analgesia, ADLs, adverse effects, and adverse drug-seeking behavior as well as pain assessment measures. In this patient, aberrant drug-seeking behaviors are well documented with multiple consistent urine drug screens. However, what are missing are analgesia and significant change in activities of daily living with use of these medications. The request is not medically necessary.

**PRESCRIPTION OF NORCO 10/325MG, #120: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines STEPS TO TAKE BEFORE A THERAPEUTIC TRIAL OF OPIOIDS.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Medications for Chronic Pain Page(s): 78, 88-89, 60-61.

**Decision rationale:** This patient presents with chronic low back pain with history of lumbar fusion from 2009. The request is for continued use of Norco. However, review of the reports does not show that this medication has been helpful at all. While the treating physician states "fentanyl is working well" per 12/12/2013 report, on this very same report, patient's pain level is at 9/10. Furthermore, other reports indicate that the patient is not even able to shop, has high level of pain, has difficulty standing, walking. Patient's functional level is very poor and one cannot tell that the oral opiates or fentanyl patches are doing anything for this patient. Given the lack of documentation of functional benefit which needs to be described with specific activities of daily living, recommendation is for denial and taper of this medication. MTUS Guidelines page 60 require documentation of pain and function when medications are used on a chronic basis. For chronic opiate use, page 78 of MTUS Guidelines specifically require documentation of 4 A's including analgesia, ADLs, adverse effects, and adverse drug-seeking behavior as well

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