

<b>Case Number:</b>	CM14-0029343		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	12/03/2003
<b>Decision Date:</b>	08/06/2014	<b>UR Denial Date:</b>	02/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/07/2014

### 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 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 48 year old with an injury date on 12/3/03. The patient persists with lower back pain and lower extremity pain bilaterally per 2/20/14 report. The patient performs stretching exercises and walks at home, and medications help manage pain and improve function per 2/20/14 report. Based on the 2/20/14 progress report provided by [REDACTED] the diagnoses are: 1. Degenerative disc disease L-spine w/ /L stenosis and bilateral sciatic radiculopathy L > R; 2. Right lumbar sympathetic dysfunction and; 3. Post lumbar laminectomy syndrome. The exam on 2/20/14 showed positive myofascial spasms in lower back bilaterally, tenderness to palpation of the L-spine, in sacroiliac joint, in piriformis muscle, and Lasegue's tests were all positive bilaterally. [REDACTED] is requesting bilateral lumbar medial branch block of L4, L5, and S1, Nucynta 100mg #120, and Duragesic 100mg #15 modified to Duragesic 100mg #10. The utilization review determination being challenged is dated 2/27/14. [REDACTED] is the requesting provider, and he provided a single treatment report from 2/20/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **Bilateral Lumbar Medical Branch Block of L4, L5 and S1: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES Low back chapter Facet Joint Diagnostic Blocks.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Online For Diagnostic Facet, blocks :([http://www.odgtwc.com/odgtwc/low\\_back.htm#Facetinjections](http://www.odgtwc.com/odgtwc/low_back.htm#Facetinjections)).

**Decision rationale:** This patient presents with lower back pain and bilateral lower extremity pain. The provider has asked for bilateral lumbar medial branch block of L4, L5, and S1 on 2/20/14. Regarding facet injections, the ODG guidelines require non-radicular back pain, a failure of conservative treatment, with no more than 2 levels bilaterally. However, this patient has radicular symptoms, in addition to a diagnosis of radiculopathy. The requested medial branch block is not recommended for instances when radiculopathy is present. Therefore, the Bilateral Lumbar Medical Branch Block of L4, L5 and S1 is not medically necessary denial.

**Nucynta 100 mg # 180 modified to Nucynta 100 mg # 120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR THE USE OF OPIOIDS.

**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 based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter Online For Tapentadol (Nucynta).

**Decision rationale:** This patient presents with lower back pain and bilateral lower extremity pain. The provider has asked for Nucynta 100mg #120 on 2/20/14. According to the 2/20/14 report, the patient is currently taking Prilosec, Ambien, Levemi, Nucynta, and Duragesic, another opioid. For Nucynta, the ODG recommends as second line therapy for patients who develop intolerable adverse effects with first line opioids. For chronic opioids use, the MTUS guidelines require specific documentation regarding pain and function, including: least reported pain over period since last assessment; average pain; intensity of pain after taking opioid; how long it takes for pain relief; how long pain relief lasts. Furthermore, the MTUS requires the 4 A's for ongoing monitoring including analgesia, the activities of daily living (ADL's), adverse side effects, and aberrant drug-seeking behavior. Review of the included reports does not discuss opiates management. There are no discussions of the four A's and no discussion regarding pain and function related to the use of Nucynta. There is a lack of sufficient documentation regarding chronic opiates management as required by the MTUS. In addition, the provider does not explain why the patient needs to take two second-line opiates (Nucynta, Duragesic) concurrently. Therefore, Nucynta 100 mg # 180 modified to Nucynta 100 mg # 120 is not medically necessary.

**Duragesic 100 mcg # 15 modified to Duragesic 100 mcg # 10:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR THE USE OF OPIOIDS.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Duragesic (fentanyl transdermal system, Fentanyl, Fentora (fentanyl buccal tablet, Opioids, specific drug list Page(s): 44,47,91-94.

**Decision rationale:** This patient presents with lower back pain and lower extremity pain bilaterally. The treater has asked for Duragesic 100mg #15 modified to Duragesic 100mg #10 on 2/20/14. The patient is currently taking Duragesic, Nucynta, Prilosec, Ambien and Levemi per 2/20/14 report. A urine drug screen on 1/21/14 found no unexpected findings per 2/20/14 report. Duragesic is the trade name of a Fentanyl transdermal therapeutic system, which the ODG recommends as a second-line opioid. For chronic opioids use, the MTUS guidelines require specific documentation regarding pain and function, including: least reported pain over period since last assessment; average pain; intensity of pain after taking opioid; how long it takes for pain relief; how long pain relief lasts. Furthermore, the MTUS requires the 4 A's for ongoing monitoring including analgesia, ADL's, adverse side effects, and aberrant drug-seeking behavior. In this case, the patient is taking 2 opiates: Nucynta and Duragesic, but review of the included reports does not discuss opiates management. There are no discussions of the four A's and no discussion regarding pain and function related to the use of Duragesic. Given the lack of sufficient documentation regarding chronic opiates management as required by the MTUS, Duragesic 100 mcg # 15 modified to Duragesic 100 mcg # 10 is not medically necessary.