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| <b>Case Number:</b>   | CM14-0043116 |                              |            |
| <b>Date Assigned:</b> | 07/07/2014   | <b>Date of Injury:</b>       | 10/05/2011 |
| <b>Decision Date:</b> | 08/22/2014   | <b>UR Denial Date:</b>       | 03/17/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 04/08/2014 |

### 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 Occupational Medicine 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 claimant injured her low back on 10/05/11. The patient is on large total opioid doses. She had a lumbar spine MRI dated 05/29/13 that revealed bulging discs at L2-L5 with facet hypertrophy. There was no evidence of central canal or foraminal stenosis. There are mild degenerative changes of the facet joint at L3-4. X-rays of the thoracic spine dated 08/20/13 were unremarkable. Lumbar x-rays on the same date showed a solid interbody fusion at L5-S1 with normal-appearing intervertebral discs at other levels. She has seen a number of providers. She saw [REDACTED] on 10/02/13 and had low back and leg pain which seemed to be worse. She was diagnosed on 01/31/14 with post laminectomy syndrome. [REDACTED] recommended Duragesic patches, Opana ER, Trazodone, and a lumbar spine MRI with contrast on 03/10/14. On 06/09/14, she complained of pain in her neck. She was off work for the summer and was doing okay. Her medications were well tolerated with no side effects. She also had shoulder pain in the AC joints and the pain was level 5/10 with medications. Her medications included Lyrica, Duragesic patch, Medrol, Opana ER, Soma, Amrix, Toradol, and Hydrocodone. Her medications had start and end dates. Duragesic and Opana ER were to start on June 9, 2014 and end on July 8, 2014. She could perform some activities at home. Medial branch blocks were recommended for the cervical spine. Her medications were being given to her on a monthly basis. Drug screens dated 01/31/14 and 04/23/14 revealed the presence of opioids and Fentanyl. Amphetamines and norpseudoephedrine were also present and were not prescribed. There were other inconsistencies, including the presence of amphetamines but there is no evidence that the results of the drug screen and the inconsistencies were discussed with her at any visits.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Duragesic 25mg/hr Transdermal patch #15:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for Chronic Pain/4 A's, Duragesic Page(s): 110, 78.

**Decision rationale:** The history and documentation do not objectively support the request for ongoing use of Duragesic patches 25 mcg per hour transdermal patches #15. The MTUS state Duragesic (Fentanyl transdermal system) is not recommended as a first-line therapy. Duragesic releases Fentanyl, a potent opioid, slowly through the skin. Duragesic is indicated in the management of chronic pain in patients who require continuous opioid analgesia for pain that cannot be managed by other means. The MTUS further outlines several components of initiating and continuing opioid treatment and states a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. There is no documentation of trials and subsequent failure of or intolerance to first-line drugs such as acetaminophen, non-steroidal anti-inflammatory drugs, antidepressants for chronic pain, or anti-neuropathic medications. The MTUS further explains, pain assessment should include current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. There is also no indication that periodic monitoring of the claimant's pattern of use and a response to this medication, including assessment of pain relief and functional benefit, has been or will be done. There is no evidence that she has been involved in an ongoing rehab program to help maintain any benefits he receives from treatment measures. Additionally, the 4A's analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors should be followed and documented per the guidelines. There is no evidence that a signed pain agreement is on file at the provider's office and no evidence that a pain diary has been recommended and is being kept by the claimant and reviewed by the prescriber. In addition, the inconsistencies on the drug screens that were included in these records have not been addressed with the claimant as would be expected at the time of follow up. In addition, the total amount of opioids that the claimant is taking for her pain appears to be very high, since she is also using Hydrocodone. The medical necessity of the continuation of Duragesic patches has not been demonstrated. Therefore the request is not medically necessary.

**Opana ER 20mg extended release #60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 4 A's Page(s): 110.

**Decision rationale:** The history and documentation do not objectively support the request for ongoing use of Opana ER 20 mg #60. The MTUS outlines several components of initiating and continuing opioid treatment and states a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. There is no documentation of trials and subsequent failure of or intolerance to first-line drugs such as acetaminophen, non-steroidal anti-inflammatory drugs, antidepressants for chronic pain, or anti-neuropathic medications. MTUS further explains pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. There is also no indication that periodic monitoring of the claimant's pattern of use and a response to this medication, including assessment of pain relief and functional benefit, has been or will be done. There is no evidence that she has been involved in an ongoing rehab program to help maintain any benefits he receives from treatment measures. Additionally, the 4A's analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors should be followed and documented per the guidelines. There is no evidence that a signed pain agreement is on file at the provider's office and no evidence that a pain diary has been recommended and is being kept by the claimant and reviewed by the prescriber. In addition, the inconsistencies on the drug screens that were included in these records have not been addressed with the claimant as would be expected at the time of follow up. In addition, the total amount of opioids that the claimant is taking for her pain appears to be very high, since she is also using Hydrocodone. The medical necessity of the continuation of Opana ER 20 mg has not been demonstrated. Therefore the request is not medically necessary.

**Lumbar Spine MRI with Contrast:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation website, <http://apg-i.acoem.org/Browser/TreatmentSummary.aspx?tsid=861>.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**Decision rationale:** The history and documentation do not objectively support the request for a repeat MRI in the absence of clear evidence of new or progressive neurologic deficits and/or failure of a reasonable course of conservative treatment. The specific indication for this study has not been clearly described and none can be ascertained from the records. The MTUS do not address repeat studies specifically but state regarding imaging studies that unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Indiscriminant imaging will result in false positive findings, such as disk bulges, that are not the source of painful symptoms and do not warrant surgery. If physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with a consultant the selection of an imaging test to define a potential cause (magnetic resonance imaging [MRI] for neural or other soft tissue, computer tomography [CT] for bony structures). The ODG state a repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or

findings suggestive of significant pathology (e.g. tumor, infection, fracture, neurocompression, and recurrent disc herniation) none of which appear to be a concern in this case. The medical necessity of this study has not been demonstrated. Therefore the request is not medically necessary.