

<b>Case Number:</b>	CM14-0046317		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	03/03/2001
<b>Decision Date:</b>	08/22/2014	<b>UR Denial Date:</b>	03/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/14/2014

### 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 Pain Management & 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 year old female with date of injury 03/03/01. The treating physician's report dated 3/10/14 indicates that the patient presents with pain affecting the lumbar spine with radiating pain into the legs with associated tingling that is rated a 5/10 with medications. She is currently taking Phenergen 25mg 1 tab pod, Duragesic 12Mcg/hr patch Td 72, Senna S Tablet 8.6-50 Mg SIG 3 tabs po BID, Duragesic 25 Mcg/hr Patch Td 72 SIG: One patch to skin Q 2 days, Amlodipine Besylate 5Mg, Simvastatin 20Mg, Trazadone 100Mg Tablet, Wellbutrin XL 300 Mg Tablet and Neurontin 300 Mg Capsule SIG: Take 2 caps twice daily. The current diagnoses are: Lumbar Facet Syndrome, Piriformis Syndrome, Mood Disorder, Post Lumbar Laminectomy Syndrome, Lumbar radiculopathy. The utilization review report dated 03/12/14 denied the request for Duragesic, Phenergan and Senna S based on lack of guideline support.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Duragesic 25 mcg/hr patch, #10:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Page(s): 76. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Antiemetics; Opioid Induced Constipation treatment.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Long term assessment Page(s): 78, 93, 88-89.

**Decision rationale:** The patient presents with chronic pain affecting the lumbar spine with radiating pain into the legs with associated tingling. The current request is for Duragesic 25 mcg/hr patch, #10. The patient has been utilizing Duragesic patches since at least 09/05/13. The treating physician's report dated 03/10/14 states that the patient has had no side effects from medications and that the medications are working well. The MTUS Guidelines for chronic opiate use on pages 88 and 89 states: Document pain and functional improvement and compare to baseline. Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument. MTUS also states on page 78 that the for ongoing pain management the 4 A's (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors) are to be addressed. In this case, reports from 09/5/13 through 03/10/14 provide no discussions regarding how Duragesic has been helpful in terms of the amount of decreased pain or any functional improvement. In addition, the treating physician does not use any numerical scales to assess the patient's function as required by MTUS. There are no discussions regarding the patient's activities of daily life and how this medication has affected it and there is no mention of the patient's quality of life. Given the lack of sufficient documentation demonstrating efficacy for chronic opiate use, the patient should slowly be weaned as outlined in MTUS Guidelines. Therefore, the request for Duragesic 25 mcg/hr patch, quantity 10 is not medically necessary and appropriate.

**Phenergan 25 mg, #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Page(s): 76. Decision based on Non-MTUS Citation Official Disability Guidelines, Antiemetics; Opioid Induced Constipation treatment.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Promethazine (Phenergan®).

**Decision rationale:** The patient presents with chronic pain affecting the lumbar spine with radiating pain into the legs with associated tingling. The current request is for Phenergan 25 mg, quantity 30. The treating physician's report dated 03/10/14 does not document any complaints of nausea. The MTUS Guidelines do not address Phenergan. The ODG Guidelines do not support the use of Phenergan or any antiemetics for the treatment of nausea due to opioid usage. Antiemetics are only supported for nausea and vomiting secondary to chemotherapy and radiation treatment. Therefore, the request for Phenergan 25 mg, quantity 30 is not medically necessary and appropriate.

**Senna S 8.6/50 mg, #180:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Page(s): 76. Decision based on Non-MTUS

Citation Official Disability Guidelines, Pain Chapter, Antiemetics; Opioid Induced Constipation treatment.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain Medical Treatment Guidelines Page(s): 76, 78.

**Decision rationale:** The patient presents with chronic pain affecting the lumbar spine with radiating pain into the legs with associated tingling. The current request is for Senna S 8.6/50 mg, quantity 180. Senna S is a stool softener with Docusate Sodium and Sennosides. The treating physician does not provide any documentation of constipation in the medical reports provided. The MTUS guidelines pages 76-78 discusses prophylactic medication for constipation when opiates are used. In this case, medical records indicate this patient has been taking opiates on a long term basis, specifically Duragesic since at least 09/05/13. The requested Senna S 8.6/50 mg, quantity 180 is medically necessary as the patient is weaned from the current opioids.