

<b>Case Number:</b>	CM14-0051901		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	10/06/2000
<b>Decision Date:</b>	09/10/2014	<b>UR Denial Date:</b>	03/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/21/2014

### 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 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 injured worker is a 58-year-old female with a reported date of injury on 10/06/2000. The mechanism of injury was not submitted within the medical records. Her diagnoses were noted to include post laminectomy syndrome of the lumbar spine, left lower extremity radiculopathy and status post inpatient detox. Her previous treatments were noted to include detoxification, surgery, medications and spinal cord stimulator. The progress note dated 04/16/2014 revealed the injured worker complained of her pain and described it as constant and it was worse in the evening. The injured worker rated her pain at 6/10 and characterized it as sharp and constant. The injured worker was noted to be constipated. The physical examination revealed decreased range of motion to all planes to her back, tenderness to palpation to the lumbar paraspinous area with decreased range of motion with extension and flexion. The progress note dated 07/15/2014 revealed the injured worker reported her pain score 10/10 without medications and 8/10 with medications. The injured worker indicated, when she restarted the Fentanyl patches her pain level was reduced to 6/10 to 7/10 with the combination of Fentanyl and Percocet. The injured worker indicated her pain was described as sharp and constant. The injured worker was noted to be constipated. The physical examination revealed decreased range of motion in all planes, positive tenderness to palpation to the lumbar paraspinous area, decreased range of motion with extension and flexion. The Request for Authorization form was not submitted within the medical records. The request was for Miralax, Topamax 100 mg, Fentanyl patch 75 mcg per hour, Dilaudid 8 mg, Priatt pump trial and right shoulder corticosteroid injection; however, the provider's rationale was not submitted within the medical records.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Miralax (unknown quantity): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Initiating therapy Page(s): 77.

**Decision rationale:** The injured worker has been utilizing the medication since at least 01/2014. The California Chronic Pain Medical Treatment Guidelines recommend prophylactic constipation medication when initiating opioid therapy. The injured worker is positive for constipation and is taking 2 medications for constipation. There is a lack of documentation in regard to the necessity of 2 medications and therefore, MiraLAX is not warranted at this time. Additionally, the request failed to provide the frequency and quantity to which this medication is to be utilized. Therefore, the request of Miralax (unknown quantity) is not medically necessary and appropriate.

**Topamax 100mg (unknown quantity): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Page(s): 21.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs Page(s): 16.

**Decision rationale:** The injured worker has been utilizing this medication since at least 01/2014. According to the California Chronic Pain Medical Treatment Guidelines antiepilepsy drugs are recommended for neuropathic pain (pain due to nerve damage). There is a lack of expert consensus on the treatment of neuropathic pain in general due to heterogeneous etiologies, symptoms, physical signs and mechanisms. Most randomized controlled trials for the use of this class of medication for neuropathic pain have been directed at postherpetic neuralgia and painful polyneuropathy. There are few randomized controlled trials directed at central pain and none for painful radiculopathy. The guidelines state Topamax has been shown to have variable efficacy with failure to demonstrate efficacy in pain of "central" etiology. It is still considered for use for neuropathic pain when other anticonvulsants have failed. There is a lack of documentation regarding the significant pain improvement with utilization of this medication and improved function. Additionally, the request failed to provide the number and frequency at which this medication is to be utilized. Therefore, the request of Topamax 100mg (unknown quantity) is not medically necessary and appropriate.

**Fentanyl Patch 75mdg/hr. (unknown quantity):**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (Fentanyl and Duragesic) Page(s): 47, 44. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Opioid MED calculator.

**Decision rationale:** The injured worker has been utilizing the medication since at least 01/2014. The California Chronic Pain Medical Treatment Guidelines state Fentanyl is an opioid analgesic with potency 80 times that of morphine. Weaker opioids are less likely to produce adverse effects than stronger opioids such as fentanyl. The guidelines do not recommend fentanyl as a first line therapy. Duragesic is the trade name of a Fentanyl transdermal therapeutic system, which releases Fentanyl, a potent opioid, slowly through the skin. The FDA approved product labeling states that 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 injured worker rated her pain 6/10 to 7/10 with utilization of the Fentanyl patch. According to the Official Disability Guidelines, the opioid morphine equivalent dosage recommendation is 100 MEDs per day and the current regimen of Fentanyl 75 mcg per hour exceeds guideline recommendations. Additionally, the request failed to provide the quantity and frequency of this medication to be utilized. Therefore, the request of Fentanyl Patch 75mdg/hr. (unknown quantity) is not medically necessary and appropriate.

**Dilaudid 8mg (unknown quantity): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-going Management Page(s): 78. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Opioid MED calculator.

**Decision rationale:** The injured worker has been utilizing the medication since at least 01/2014. According to the California Chronic Pain Medical Treatment Guidelines the ongoing use of opioid medications may be supported with detailed documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines also state that the 4 A's for ongoing monitoring, including analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors should be addressed. There is a lack of evidence of decreased pain on a numerical scale with the use of this medication. There is a lack of improved functional status with the use of this medication. The injured worker complained of pruritus with the use of this medication. There is a lack of documentation regarding whether the injured worker has had a consistent urine drug screen and when the last test was performed. Therefore, due to the lack of documentation of significant pain relief, increased functional status and without details regarding urine drug testing to verify appropriate medication use in the absence of aberrant behavior, the ongoing use of opioid medications is not supported by the guidelines. The opioid morphine equivalent dosage calculator indicated the prescription for Dilaudid 8 mg exceeds guideline recommendations of 100 MEDs. Additionally, the request failed to provide the frequency and quantity at which this medication is to be utilized. The progress note also

indicated the provider discontinued this medication. As such, the request for Dilaudid 8mg (unknown quantity) is not medically necessary and appropriate.

**Priatt Pump Trial: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Implantable drug-delivery system Page(s): 52-53.

**Decision rationale:** The injured worker complained of chronic pain. The California Chronic Pain Medical Treatment Guidelines recommend implantable drug delivery systems only as an end-stage treatment alternative for selected patients for specific conditions, after failure of at least 6 months of less invasive methods, and following a successful temporary trial. Results of studies of opioids for musculoskeletal conditions generally recommend short use of opioids for severe cases, not to exceed 2 weeks, and do not support chronic use (for which a pump would be used), although implantable drug delivery systems may be appropriate in selected cases of chronic, severe low back pain or failed back syndrome. This treatment should only be used relatively late in the treatment continuum, when there is little hope for effective management of chronic intractable pain from other therapies. The guideline indications for implantable drug delivery systems is primary liver cancer, metastatic colorectal cancer, head/neck cancers and severe refractory spasticity of cerebral or spinal cord origin in patients who are unresponsive to or cannot tolerate oral Baclofen therapy. The guidelines state the intrathecal pump is used for the treatment of nonmalignant (noncancerous) pain with a duration of greater than 6 months when the following criteria are met, such as documentation, in the medical record, of the failure of 6 months of other conservative treatment modalities, if appropriate and not contraindicated; and intractable pain secondary to a disease state with objective documentation of pathology in the medical record; and further surgical intervention or other treatment is not indicated or likely to be effective; and psychological evaluation has been obtained and evaluation states that the pain is not primarily psychologic in origin and that benefit would occur with implantation despite any psychiatric comorbidity; and a temporary trial of spinal opiates has been successful prior to permanent implantation. The request fails to provide if this was a trial or a permanent implantation and there is a lack of documentation regarding a psychological evaluation being completed. The specific criteria in these cases include the failure of at 6 months of other conservative treatment modalities, intractable pain secondary to a disease state with objective documentation of pathology, further surgical intervention is not indicated, psychological evaluation unequivocally states the pain is not psychological in origin and a temporary trial has been successful prior to permanent implantation as defined by a 50% reduction in pain. Therefore, the request of Priatt Pump Trial is not medically necessary and appropriate.

**Right Shoulder Corticosteroid Injection: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 204. Decision based on Non-MTUS Citation Official Disability Guidelines, Steroid Injections.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder, Steroid injections.

**Decision rationale:** The injured worker has severe right shoulder pain. The Official Disability Guidelines recommend steroid injections up to 3 injections. Steroid injections compared to physical therapy, seem to have better initial, but worse long term outcomes. The guidelines criteria for steroid injections are diagnosis of adhesive capsulitis, impingement syndrome or rotator cuff problems, except for post-traumatic impingement of the shoulder, not controlled adequately by recommended conservative treatments after at least 3 months, pain interferes with functional activities, intended for short term control of symptoms to resume conservative medical management, generally performed without fluoroscopic or ultrasound guidance and only 1 injection should be scheduled to start, rather than a series of 3. A second injection is not recommended if the first resulted in complete resolution of symptoms or if there has been no response, with several weeks of temporary, partial resolution, then worsening pain and function, a repeat steroid injection may be an option. The injured worker was not diagnosed with adhesive capsulitis, impingement syndrome or rotator cuff problems. There is a lack of documentation regarding failure of conservative therapy to warrant a corticosteroid injection. Therefore, the request for Right Shoulder Corticosteroid Injection is not medically necessary and appropriate.