

<b>Case Number:</b>	CM14-0071349		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	01/25/2001
<b>Decision Date:</b>	09/17/2014	<b>UR Denial Date:</b>	05/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/17/2014

### 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 & Rehabilitation and Pain 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 injured worker is a 68-year-old female with a reported date of injury on 01/25/2001. The mechanism of injury was not provided within the documentation available for review. Her diagnoses included; bilateral sacroiliac joint dysfunction, failed back surgery syndrome, lumbar spine, lumbar radiculopathy, lumbar spondylosis, opioid-induced gastritis, migraine headaches, and insomnia due to chronic pain. The injured worker presented with pain rated at 6/10 with medication use, of the upper right extremity and low back. The injured worker's medication regimen included; fentanyl patches, oxycodone, trazodone, Celebrex, Imitrex, Lidoderm patches, Lyrica capsules, Tegaderm, and Cymbalta. The injured worker presented with pain characterized as sharp, throbbing, and aching, rated at 6/10. The injured worker indicated that the pain was increased by walking and increased activity. The pain is decreased by medication, rest, and heat. The rationale for the request indicated that the injured worker's use of medication decreases pain and increases functional ability. The Request for Authorization for Retrospective Oxycodone Hydrochloride (HCL) 15 MG (DOS 12/11/12, 6/6/13), Retrospective Pantoprazole 40mg (DOS 7/8/12), Retrospective Fentanyl 100mcg/hr patches (DOS 11/29/13), Retrospective Sumatriptan Succinate 100mg ( DOS 8/13/13 - 12/27/13), Retrospective Trazadone 100mg ( DOS 11/29/13), HCL 15 mg, Pantoprazole 40mg, Fentanyl 100mcg/hr patches, Sumatriptan Succinate 100mg, Trazodone 100mg was submitted on 05/16/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective Oxycodone HCL 15 MG (DOS 12/11/12, 6/6/13): 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 rationale:** The California MTUS Guidelines recommend the ongoing management of opioids should include the ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The clinical information provided for review indicates the injured worker has been utilizing oxycodone prior to 01/04/2013. According to that clinical note on that date, it stated that the patient rated her pain at 3- 5/10. The clinical note dated 07/10/2014 the patient rated her pain at 6- 9/10. The clinical information lacks documentation of pain relief, functional status, appropriate medication use and side effects. In addition, there is a lack of documentation related to the injured worker's functional deficits to include range of motion by using degrees. In addition, the request as submitted failed to provide for frequency and directions for use. Therefore, the retrospective request for oxycodone HCL 15 mg (DOS 12/11/2012, 06/06/2013) is not medically necessary.

**Retrospective Pantoprazole 40mg (DOS 7/8/12): 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) Proton Pump Inhibitors.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk Page(s): 68.

**Decision rationale:** The California MTUS Guidelines recommend patients at intermediate risk for gastrointestinal events and no cardiovascular a nonselective NSAID with either a PPI (proton pump inhibitor, for example, 20 mg omeprazole daily) or a Cox 2 selective agent. Long-term PPI use has been shown to increase the risk of hip fracture. To determine if the patient is at risk for gastrointestinal events, documentation should include age greater than 65 years; history of peptic ulcer, GI bleeding, or perforation; concurrent use of aspirin, corticosteroids, and/or an anticoagulant, or high dose/multiple NSAID use. The clinical information provided for review lacks documentation related to the injured worker's functional deficits to include signs and symptoms of gastrointestinal events or gastrointestinal risk factors. According the clinical information provided for review, the injured worker has utilized pantoprazole prior to 2012. There is a lack of documentation related to the therapeutic and functional benefit in the ongoing use. In addition, the request as submitted failed to provide frequency and directions for use. Therefore, the retrospective request for pantoprazole 40 mg; DOS 07/08/2012 is not medically necessary.

**Retrospective Fentanyl 100mcg/hr patches (DOS 11/29/13): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-going Management Page(s): 78.

**Decision rationale:** According to the California MTUS Guidelines, the ongoing management of opioids should include the ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. According to the clinical information provided for review, the injured worker had utilized fentanyl patches prior to 2013. There is a lack of documentation related to the injured worker's functional deficits to include range of motion in degrees. The clinical note dated 01/04/2013 indicates the patient rated her pain at 3- 5/10. The clinical note dated 07/10/2014 the patient rated her pain at 6- 9/10. There is a lack of documentation related to the therapeutic and functional benefit in the long-term use of fentanyl. In addition, the request as submitted failed to provide a frequency and directions for use. Therefore, the request for Retrospective Fentanyl 100mcg/hr patches (DOS 11/29/13) is not medically necessary.

**Retrospective Sumatriptan Succinate 100mg ( DOS 8/13/13 - 12/27/13): 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) Head Procedure Summary.

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

**Decision rationale:** The ODG recommend triptans for migraine sufferers. At marked doses, all oral triptans (sumatriptan, brand name Imitrex) are effective and well-tolerated. According to the clinical information provided for review the patient has utilized Imitrex prior to 11/08/2013. There is a lack of documentation related to the patient suffering from migraines and/or the functional therapeutic benefit in the ongoing use of Imitrex. In addition, the request as submitted failed to provide frequency and directions for use. Therefore, the request for Retrospective Sumatriptan Succinate 100mg (DOS 8/13/13 - 12/27/13) is not medically necessary.

**Retrospective Trazadone 100mg ( DOS 11/29/13): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines SSRIs (Selective Serotonin Reuptake Inhibitors) Page(s): 107.

**Decision rationale:** The California MTUS Guidelines do not recommend SSRIs as a treatment for chronic pain, but SSRIs may have a role in treating secondary depression. Selective serotonin reuptake inhibitors, a class of antidepressants that inhibit serotonin reuptake without action on nonadrenaline, are controversial based on controlled trials. It has been suggested that the main role of SSRIs may be in addressing psychological symptoms associated with chronic pain. More information is needed regarding the role of SSRIs in pain. According to the clinical information provided for review, the injured worker has utilized trazodone prior to 11/08/2013. There is a lack of documentation related to the injured worker's functional deficits to include range of motion values in degrees. There is a lack of documentation related to radicular pain and/or the injured worker suffering from any form of depression. In addition, there is a lack of documentation related to the functional therapeutic benefit in the ongoing use of trazodone. Furthermore, the request as submitted fails to provide for a frequency and directions for use. Therefore, the request for Retrospective Trazadone 100mg (DOS 11/29/13) is not medically necessary.

**Oxycodone HCL 15 mg:** 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 rationale:** The California MTUS Guidelines recommend the ongoing management of opioids should include the ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The clinical information provided for review indicates the injured worker has been utilizing oxycodone prior to 01/04/2013. According to that clinical note on that date, it stated that the patient rated her pain at 3-5/10. The clinical note dated 07/10/2014 the patient rated her pain at 6-9/10. There is a lack of documentation related to the functional and therapeutic benefit with the ongoing use of oxycodone. In addition, there is a lack of documentation related to the injured worker's functional deficits to include range of motion in degrees. In addition, the request as submitted failed to provide for frequency and directions for use. Therefore, the retrospective request for oxycodone HCL 15 mg (DOS 12/11/2012, 06/06/2013) is not medically necessary.

**Pantoprazole 40mg:** 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) Proton Pump Inhibitors.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk Page(s): 68.

**Decision rationale:** The California MTUS Guidelines recommend patients at intermediate risk for gastrointestinal events and no cardiovascular a nonselective NSAID with either a PPI (proton pump inhibitor, for example, 20 mg omeprazole daily) or a Cox 2 selective agent. Long term PPI use has been shown to increase the risk of hip fracture. To determine if the patient is at risk for gastrointestinal events, documentation should include age greater than 65 years; history of peptic ulcer, GI bleeding, or perforation; concurrent use of aspirin, corticosteroids, and/or an anticoagulant, or high dose/multiple NSAID use. The clinical information provided for review lacks documentation related to the injured worker's functional deficits to include signs and symptoms of gastrointestinal events or gastrointestinal risk factors. According the clinical information provided for review, the injured worker has utilized pantoprazole prior to 2012. There is a lack of documentation related to the therapeutic and functional benefit in the ongoing use. In addition, the request as submitted failed to provide frequency and directions for use. Therefore, the retrospective request for pantoprazole 40 mg; DOS 07/08/2012 is not medically necessary.

**Fentanyl 100mcg/hr patches:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-going Management Page(s): 78.

**Decision rationale:** According to the California MTUS Guidelines, the ongoing management of opioids should include the ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. According to the clinical information provided for review, the injured worker had utilized fentanyl patches prior to 2013. There is a lack of documentation related to the injured worker's functional deficits to include range of motion by using degrees. The clinical note dated 01/04/2013 indicates the patient rated her pain at 3/10 to 5/10. The clinical note dated 07/10/2014 the patient rated her pain at 6/10 to 9/10. There is a lack of documentation of the therapeutic and functional benefit in the long-term use of fentanyl. In addition, the request as submitted failed to provide a frequency and directions for use. Therefore, the request for Retrospective Fentanyl 100mcg/hr patches (DOS 11/29/13) is not medically necessary.

**Sumatriptan Succinate 100mg:** 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) Head Procedure Summary.

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

**Decision rationale:** The Official Disability Guidelines recommend triptans for migraine sufferers. At marked doses, all oral triptans (sumatriptan, brand name Imitrex) are effective and well-tolerated. According to the clinical information provided for review the patient has utilized Imitrex prior to 11/08/2013. There is a lack of documentation related to the patient suffering from migraines and/or the functional therapeutic benefit in the ongoing use of Imitrex. In addition, the request as submitted failed to provide frequency and directions for use. Therefore, the request for Retrospective Sumatriptan Succinate 100mg (DOS 8/13/13 - 12/27/13) is not medically necessary.

**Trazodone 100mg:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines SSRIs (Selective Serotonin Reuptake Inhibitors) Page(s): 107.

**Decision rationale:** The California MTUS Guidelines do not recommend SSRIs as a treatment for chronic pain, but SSRIs may have a role in treating secondary depression. Selective serotonin reuptake inhibitors, a class of antidepressants that inhibit serotonin reuptake without action or nonadrenaline, are controversial based on controlled trials. It has been suggested that the main role of SSRIs may be in addressing psychological symptoms associated with chronic pain. More information is needed regarding the role of SSRIs in pain. According to the clinical information provided for review, the injured worker has utilized trazodone prior to 11/08/2013. There is a lack of documentation related to the injured worker's functional deficits to include range of motion values in degrees. There is a lack of documentation related to radicular pain and/or the injured worker suffering from any form of depression. In addition, there is a lack of documentation related to the functional therapeutic benefit in the ongoing use of trazodone. Furthermore, the request as submitted fails to provide for a frequency and directions for use. Therefore, the request for Retrospective Trazodone 100mg (DOS 11/29/13) is not medically necessary.