

<b>Case Number:</b>	CM14-0073408		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	02/22/1996
<b>Decision Date:</b>	09/16/2014	<b>UR Denial Date:</b>	05/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/20/2014

### 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:

This 58 year old patient had a date of injury on 2/22/1996. The mechanism of injury was not noted. In a progress noted dated 4/21/2014, subjective findings included low back pain, radiating down bilateral lower extremities. Upper extremities pain is present in the shoulders. Pain is rated as 6/10 with medication, 10/10 without medication. On a physical exam dated 4/21/2014, objective findings included patient is nonambulatory and uses a wheelchair. There is tenderness upon palpation bilaterally in the L4-S1 levels and bilaterally in the buttock. Diagnostic impression shows failed back surgery syndrome, osteoarthritis of the bilateral hips, depression, and insomnia. Treatment to date includes: medication therapy, behavioral modification, and spinal cord stimulator. A UR decision dated 5/12/2014 denied the request for Fentanyl 75 mcg/hr patch #10, Oxycodone 5mg #300, Oxycontin 40mg #90, stating there is no documentation of a return to work or other functional improvement attributable to this patient's ongoing high dose opioid dose. Toradol B12 injection, stating that this medication is not indicated for minor or chronic painful conditions, and the patient has chronic pain dating from 1996. The denial for Ambien 10mg #30 could not be found in the reports reviewed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Fentanyl 75mcg/hr patch, #10:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-81.

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. CA MTUS Chronic Pain Medical Treatment Guidelines 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, but is not recommended as a first-line therapy. In a progress note dated 4/21/2014, the patient is noted to be on Oxycodone 5mg and Oxycontin 40mg three times a day, equivalent to a morphine equivalent dose of 405. There was no documented functional improvement noted from the opioid regimen to justify further treatment, and a morphine equivalent dose above 200 puts the patient at risk for symptoms of opioid toxicity such as respiratory depression. Therefore, the request for Fentanyl 75mcg/hr #10 is not medically necessary.

**Oxycodone HCL 5mg #300:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-81.

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In a progress note dated 4/21/2014, the patient is noted to be on Fentanyl 75mg/hr and Oxycontin 40mg three times a day, equivalent to a morphine equivalent dose of 405. There was no documented functional improvement noted from the opioid regimen to justify further treatment, and a morphine equivalent dose above 200 puts the patient at risk for symptoms of opioid toxicity such as respiratory depression. Therefore, the request for Oxycodone HCL 5mg #300 is not medically necessary.

**Oxycontin 40mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-81.

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In a progress note dated 4/21/2014, the patient is noted to be on Fentanyl 75mg/hr and Oxycodone 5mg #300, equivalent to a morphine equivalent dose of 405. There was no documented functional improvement noted from the opioid regimen to justify further treatment, and a morphine equivalent dose above 200 puts the patient at risk for symptoms of opioid toxicity such as respiratory depression. Therefore, the request for Oxycontin 40mg #90 is not medically necessary.

**Ambien 10mg #30:** 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), Treatment Index, 12th Edition(web), 2014, Pain, Zolpidem (Ambien).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapterx Other Medical Treatment Guideline or Medical Evidence: FDA(ambien).

**Decision rationale:** MTUS does not address this issue. ODG and the FDA state that Ambien is approved for the short-term (usually two to six weeks) treatment of insomnia. Additionally, pain specialists rarely, if ever, recommend Ambien for long-term use. In a progress report dated 2/24/2014, it was noted that the patient suffered from insomnia, and taking Ambien 10mg. No rationale was provided to necessitate the use of this medication beyond recommended durational guidelines. Therefore, the request for Ambien 10mg #30 was not medically necessary.

**Toradol/B12 Injection:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Page(s): 72.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: (<http://www.drugs.com/pro/ketorolac.html>).

**Decision rationale:** The FDA states that Ketorolac is indicated for the short-term (up to 5 days in adults), management of moderately severe acute pain that requires analgesia at the opioid level and only as continuation treatment following IV or IM dosing of Ketorolac tromethamine. In a progress note dated 4/21/2014, the patient was noted to be given Toradol/B12 injection for acute pain. However, there was no documentation of an acute exacerbation of pain in the reports reviewed. Therefore, the request for Toradol/B12 injection is not medically necessary.