

<b>Case Number:</b>	CM13-0027272		
<b>Date Assigned:</b>	03/09/2015	<b>Date of Injury:</b>	09/20/1997
<b>Decision Date:</b>	04/14/2015	<b>UR Denial Date:</b>	09/13/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/20/2013

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: California  
 Certification(s)/Specialty: Internal Medicine

### 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 45 year female, who sustained an industrial injury on 09/20/1997. She has reported subsequent back, neck and low extremity pain and was diagnosed with lumbar facet syndrome, lumbar strain/sprain, lumbar disc herniation, lumbar discogenic pain, neck pain and sacroiliac joint pain. Treatment to date has included oral pain medication, intra-articular blocks and physical therapy. In a progress note dated 08/14/2013, the injured worker complained of 5/10 low back pain. Objective examination findings were notable for palpable spasm of the low back, pain with straight leg raising and slightly kyphotic gait, antalgic more on the right. Requests for authorization of Duragesic for long acting pain control, Omeprazole to treat heartburn from pain medication, Effexor to treat depression from pain and Nabumetone as needed for inflammation and pain were made. On 09/13/2013, Utilization Review non-certified requests for Duragesic, Omeprazole, Effexor and Nabumetone, noting that there was no documentation of functional improvement with Duragesic, there was no clear history of examination findings that suggested gastrointestinal issues to support Omeprazole, there was no current evaluation documented to support a diagnosis of depression to support use of Effexor and there was no discussion of symptomatic complaints for which Nambumetone was being prescribed. MTUS and ODG guidelines were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Duragesic (fentanyl patch) 25mcg #15: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-78. Decision based on Non-MTUS Citation Official Disability Guidelines, Fentanyl.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment, Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): 47-48, 181-183, 308-310, Chronic Pain Treatment Guidelines Opioids Page 74-96. Duragesic (Fentanyl transdermal system) Pages 44, 47, 93. Decision based on Non-MTUS Citation FDA Prescribing Information Duragesic <http://www.drugs.com/pro/duragesic.html>.

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines address opioids. The lowest possible dose should be prescribed to improve pain and function. MTUS Chronic Pain Medical Treatment Guidelines indicates that Duragesic (Fentanyl transdermal system) is not recommended as a first-line therapy. Duragesic releases fentanyl, a potent opioid. Fentanyl is an opioid analgesic with a potency eighty times that of morphine. Duragesic is indicated for the management of persistent chronic pain, which is moderate to severe requiring continuous, around-the-clock opioid therapy, and the pain cannot be managed by other means. Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the 4 A's (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors). American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 3 states that opioids appear to be no more effective than safer analgesics for managing most musculoskeletal symptoms. Opioids should be used only if needed for severe pain and only for a short time. ACOEM guidelines state that the long-term use of opioids is not recommended for neck and back conditions. FDA Prescribing Information indicates that Duragesic is indicated for the management of pain in opioid-tolerant patients, severe enough to require daily, around-the-clock, long-term opioid treatment and for which alternative treatment options are inadequate. Patients considered opioid-tolerant are those who are taking, for one week or longer, at least 60 mg of morphine daily, or at least 30 mg of oral oxycodone daily, or at least 8 mg of oral hydromorphone daily, or an equianalgesic dose of another opioid. Because of the risks of addiction, abuse, and misuse with opioids, even at recommended doses, and because of the greater risks of overdose and death with extended-release opioid formulations, reserve Duragesic for use in patients for whom alternative treatment options (e.g., non-opioid analgesics or immediate-release opioids) are ineffective, not tolerated, or would be otherwise inadequate to provide sufficient management of pain. Official Disability Guidelines (ODG) indicates that Duragesic (Fentanyl transdermal system) is not recommended as a first-line therapy. Due to the significant side effects, Duragesic is not for use in routine musculoskeletal pain. The progress report dated 8/14/13 documented low back pain. Failure of alternative pain medications was not documented. Per ODG, Duragesic is not for use in routine musculoskeletal pain. Per MTUS, the lowest possible dose of opioid should be prescribed. ACOEM guidelines indicate that the long-term use of opioids is not recommended for neck and back conditions. The request for

Duragesic is not supported by MTUS guidelines. Therefore, the request for Duragesic is not medically necessary.

**Omeprazole 20mg (Prilosec) #30: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms, and cardiovascular risk Page(s): 68-69.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page 68-69.

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines addresses NSAIDs and gastrointestinal risk factors. Proton Pump Inhibitor (PPI), e.g. Omeprazole, is recommended for patients with gastrointestinal risk factors. High dose NSAID use is a gastrointestinal risk factor. Medical records document the prescription of Nabumetone (Relafen), which is a high dose NSAID and a gastrointestinal risk factor. MTUS guidelines support the use of a proton pump inhibitor such as Omeprazole in patients with gastrointestinal risk factors. MTUS guidelines and medical records support the medical necessity of Omeprazole. Therefore, the request for Omeprazole is medically necessary.

**Effexor (venlafaxine) 37.5mg #60: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-depressants Page(s): 13-15.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page 13-16.

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines indicates that antidepressants for chronic pain are recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. For neuropathic pain, recent reviews recommended SNRIs (i.e., Venlafaxine) as first line options. For non-neuropathic pain, antidepressants are recommended as an option in depressed patients. Venlafaxine (Effexor) is FDA-approved for anxiety, depression, panic disorder and social phobias. Off-label use for fibromyalgia, neuropathic pain, and diabetic neuropathy. The progress report dated 8/14/13 documented a history of depression, anxiety disorder, chronic pain, and nerve pain. Medical records document neuropathic pain, non-neuropathic pain, and depression, which are indications for Effexor (Venlafaxine) per MTUS. Therefore, the request for Effexor (Venlafaxine) is medically necessary.

**Nabumetone 750mg (Relafon) #60: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory Page(s): 22.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): 181, 308.

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) addresses NSAIDs. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) indicates that NSAIDs are recommended for neck and back conditions. The progress report dated 8/14/13 documented low back pain and a history of neck and lumbar spine conditions. Medical records document objective physical examination findings. ACOEM guidelines supports the use of Nabumetone (Relafen), which is a non-steroidal anti-inflammatory drugs (NSAID), for back conditions. Therefore, the request for Nabumetone (Relafen) is medically necessary.