

<b>Case Number:</b>	CM14-0199580		
<b>Date Assigned:</b>	01/21/2015	<b>Date of Injury:</b>	08/09/2000
<b>Decision Date:</b>	03/03/2015	<b>UR Denial Date:</b>	11/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/01/2014

### 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. 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: Physical Medicine & Rehabilitation

### 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 63-year-old female with a date of injury of 08/09/2000. According to progress report dated 09/09/2014, the patient presents with pain in the neck and lower back. Patient complains of new pain to the left hip that radiates to the top of the knee. It is described as "quick electric-like sensation that has been going on for about 3 months." She denies any loss of bowel or bladder control or any weakness, numbness or tingling into the lower extremities. The patient underwent a recent nerve conduction study which was "within normal limits." The patient also suffers from depression related to her industrial injury and is requesting a transfer of her psychologic care to an Oregon psychologist. Physical examination revealed "neurologic exam reveals deep tendon reflexes that are 1 to 2 at the knee and ankle bilaterally, no clonus." Sensation was decreased to the left lower extremity along the anterior thigh with tingling to light touch radiating to the ankle. Motor exam is intact. Patient's last urine drug screen test was from 06/03/2014 which was positive for fentanyl. The patient is low risk and medication agreement was renewed on this date. The patient denies any side effects, but she does some difficulty with her memory. The listed diagnoses are: Depression and anxiety related to her chronic pain and disability sequelae to industrial injuries. Failed back surgery syndrome with left lower extremity radicular symptoms, the patient has history of spondylolisthesis at L5 on S1 and fusion. Neck pain secondary to cervical spondylosis and degenerative disk disease worse at C6-C7, sequelae to industrial injuries. Long-acting/short-acting opiate therapy with constipation. Disabled. The patient's work status was not addressed. Treatment plan is for authorization for additional acupuncture, massage therapy, left L4-L5 transforaminal steroid

injection x1, and continuation of medications. The utilization review denied the request on 11/07/2014. Treatment reports from 11/26/2013 through 12/16/2014 were provided for review.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **One transforaminal epidural steroid injection: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections Page(s): 46-47.

**Decision rationale:** This patient presents with chronic neck and low back pain. The current request is for 1 transforaminal epidural steroid injection. The Utilization Review letter dated 11/07/2014 and progress report dated 09/09/2014 indicates that this is a request for 1 transforaminal epidural steroid injection at the left L4-L5 level. The MTUS Guidelines has the following regarding epidural steroid injection under its chronic pain section, pages 46 and 47, "recommended as an option for treatment of radicular pain defined as pain in the dermatomal distribution with corroborative findings of radiculopathy." The Utilization Review denied the request stating that there was lack of evidence of recent failure to conservative treatment and lack of support of imaging studies which would further corroborate with the physical examination findings. CT scan of the lumbar spine from 04/16/2013 revealed grade 1 spondylolisthesis of L4 on L5 of approximately 7.8 mm. From T11-T12 through L3-L4, the disks have normal height. At L3-L4, there is very mild broad-based disk bulging which does not significantly narrow the canal or neural foramina. In this case, examination findings have documented some radicular symptoms down the lower extremity. However, there are no MRI findings and the CT scan dated 04/16/2013 did not show findings to corroborate radiculopathy. There appears to be no significant herniation/protrusion or stenosis that would corroborate the patient's complaints of lower extremity pain. The requested epidural steroid injection is not medically necessary.

#### **Fentanyl 50 mcg/hr patch, 45 count: Overturned**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Medication for chronic pain Page(s): 88-89, 76-78; 60-61.

**Decision rationale:** This patient presents with chronic neck and low back pain. The current request is for Fentanyl 50 mcg 1/hr patch #45. For chronic opioid use, the MTUS Guidelines pages 88 and 89 state, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse

behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. Review of the medical file indicates the patient has been utilizing Fentanyl patches since early as 11/26/2013. According to progress report dated 05/12/2014, the patient is stable and satisfied with her current pain level of pain relief. The patient reports withdrawals for 10 days after Worker's Comp would not authorize her Fentanyl patches. She had to go to the emergency and lost 15 pounds. The patient is able to sit, stand, and walk for 15 minutes and is independent in activities of daily living with medication. According to progress report dated 06/03/2014, the patient's pain level prior to medication is 6/10, and after medication, the pain drops to 4/10 providing her with 25% improvement that allows her to stand a little longer without pain. The patient reports constipation secondary to opioids. Last urine drug screen was on 06/03/2014 which was consistent with the medications prescribed. The patient's medication agreement was also renewed on this date. In this case, the treating physician has provided adequate documentation of this medications efficacy and states that the patient is able to stand and walk for longer periods of times with medication and notes a decreased in pain utilizing a pain scale and percentage calculation. Urine drug screens have been consistent with the medications prescribed, pain agreement has been signed and is on file, and the patient reports some sideeffects including constipation with opiate regimen. Given the treating physician has documented the 4 A's as required by MTUS for opiate management, the requested Fentanyl is medically necessary.

**Percocet 5/325 mg, 270 count:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
CRITERIA FOR USE OF OPIOIDS Medication for chronic pain Page(s): 88-89, 76-78; 60-61.

**Decision rationale:** This patient presents with chronic neck and low back pain. The current request is for Percocet 5/325 mg, #270 counts. For chronic opioid use, the MTUS Guidelines pages 88 and 89 state, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. Review of the medical file indicates the patient has been utilizing Percocet since early as 11/26/2013. According to progress report dated 05/12/2014, the patient is stable and satisfied with her current pain level of pain relief. The patient reports withdrawals for 10 days after Worker's Comp would not authorize her Fentanyl patches. She had to go to the emergency and lost 15 pounds. The patient is able to sit, stand, and walk for 15 minutes and is independent in activities of daily living with medication. According to progress report dated 06/03/2014, the patient's pain level prior to medication is 6/10, and after medication, the pain drops to 4/10 providing her with 25% improvement that allows her to stand a little longer without pain. The patient reports constipation secondary to opioids. Last urine drug screen was on 06/03/2014 which was consistent with the medications prescribed. The patient's medication

agreement was also renewed on this date. In this case, the treating physician has provided adequate documentation of this medications efficacy and states that the patient is able to stand and walk for longer periods of times with medication and notes a decreased in pain utilizing apain scale and percentage calculation. Urine drug screens have been consistent with the medications prescribed, pain agreement has been signed and is on file, and the patient reports some side effects including constipation with opiate regimen. Given the treating physician has documented the 4 A's as required by MTUS for opiate management, the requested Percocet is medically necessary.

**Amitiza 24 mcg, 180 count:** 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), Pain (Chronic) Chapter

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain chapter, lubiprostone (Amitiza).

**Decision rationale:** This patient presents with chronic neck and low back pain. The current request is for Amitiza 24 mcg, #180 count. The Utilization Review modified the certification from the requested #180 to #120 stating that "current evidence-based guidelines state Amitiza is recommended as a second line treatment for opioid-induced constipation. Thus given, the patient stated she has constipation with opioid use and evidence-based guidelines recommend prophylactic treatment of constipation with introduction of opioids, continued use is indicated." ODG-TWC under the pain chapter has the following regarding lubiprostone (Amitiza) recommended only as a possible second line treatment for opioid-induced constipation. See opioid-induced constipation treatment." The MTUS Guidelines page 76 to 78 discusses prophylactic medication for constipation when opiates are used. In this case, there is no medical rationale provided that supports the use of Amitiza instead of a first line treatment for constipation. Amitiza is recommended as a second line treatment. There is no indication that the patient has failed first line medication for opiate-induced constipation. The requested Amitiza is not medically necessary.

**Cymbalta 60 mg, ninety count:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cymbalta Medication for chronic pain Page(s): 16-17; 60.

**Decision rationale:** This patient presents with chronic neck and low back pain. The current request is for Cymbalta 60mg #90 count. The utilization review modified the certification from the requested #90 to #30 stating that the prescription is for a 90-day supply and the patient is to follow up in 1 month. For Cymbalta, the MTUS Guidelines page 16 and 17 state, "duloxetine

(Cymbalta) is FDA-approved for anxiety, depression, diabetic neuropathy, and fibromyalgia. It is also used for off-label neuropathic pain and radiculopathy. Duloxetine is recommended as a first line option for diabetic neuropathy." In this case, the use of Cymbalta may be appropriate given the patient's chronic neuropathic pain and complaints of depression, but the request is for #90. The utilization review letter dated 11/07/2014 already authorized #30. According to progress report dated 09/09/2014, the patient is to follow up in 4 weeks and additional refills are not indicated until there is adequate documentation of this medication's efficacy. MTUS page 60 requires recording of pain and function when medications are used for chronic pain. The request for Cymbalta 60 mg #90 count is not medically necessary.

**Cymbalta 30 mg, ninety count:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cymbalta Medication for chronic pain Page(s): 16-17; 60.

**Decision rationale:** This patient presents with chronic neck and low back pain. The current request is for Cymbalta 30 mg #90 count. The utilization review modified the certification from the requested #90 to #30 stating that the prescription is for a 90-day supply and the patient is to follow up in 1 month. For Cymbalta, the MTUS Guidelines page 16 and 17 state, "duloxetine (Cymbalta) is FDA-approved for anxiety, depression, diabetic neuropathy, and fibromyalgia. It is also used for off-label neuropathic pain and radiculopathy. Duloxetine is recommended as a first line option for diabetic neuropathy." In this case, the use of Cymbalta may be appropriate given the patient's chronic neuropathic pain and complaints of depression, but the request is for #90. The utilization review letter dated 11/07/2014 already authorized #30. According to progress report dated 09/09/2014, the patient is to follow up in 4 weeks and additional refills are not indicated until there is adequate documentation of this medication's efficacy. MTUS page 60 requires recording of pain and function when medications are used for chronic pain. The request for Cymbalta 30 mg #90 count is not medically necessary.

**Wellbutrin XR 100 mg, 180 count:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 388 and 402.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants Page(s): 13-15.

**Decision rationale:** This patient presents with chronic neck and low back pain. The current request is for Wellbutrin XR 100, #180 count. Utilization review modified the certification from the requested #180 to #60 with a remaining #120 being noncertified. MTUS Guidelines regarding antidepressants page 13 to 15 states, "while bupropion has shown some efficacy in neuropathic pain, there is no evidence of efficacy on patient with non-neuropathic chronic low

back pain." This patient meets the indication for this medication as medical records document neuropathic pain and depression. The requested Wellbutrin is medically necessary.

**Trazodone 100 mg, thirty count:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness & Stress Chapter

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants Page(s): 13-17.

**Decision rationale:** This patient presents with chronic neck and low back pain. The current request is for Trazodone 100 mg, #30 count. The utilization review modified the certification from the requested #90 to #30 with a remaining #60 being noncertified. Trazodone is classified as an antidepressant. The MTUS Guidelines on antidepressants page 13 to 17 states, "recommended as a first line option for neuropathic pain and as a possibility for non-neuropathic pain." Trazodone is also used for insomnia for patients with concurrent depression. Review of the medical file indicates the patient has been utilizing Trazodone as early as 11/26/2013. In this case, the patient suffers from depression and complains of sleep disturbances. The patient also suffers from neuropathic pain for which this medication is intended for. The requested Trazodone 100 mg #30 is medically necessary.

**Flector Patches, ninety count:** 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), Pain (Chronic) Chapter

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesic Page(s): 111-113.

**Decision rationale:** This patient presents with chronic neck and low back pain. The current request is for Flector patches, #90 count. Flector patch is Diclofenac in a topical patch. The MTUS Guidelines for topical NSAID apply. MTUS pages 111 - 113, topical analgesic section under nonsteroidal anti-inflammatory agents (NSAIDs) states, "the efficacy and clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration." The guidelines state short term use of 4-12 weeks. These are not recommended for neuropathic pain and "there is little evidence to utilize topical NSAID for treatment of osteoarthritis of the spine, hip, or shoulder." Available records show the patient has used Flector patches since 11/26/2013. This is over 12 weeks' duration. Furthermore, the patient presents with chronic neck and low back pain. MTUS states that topical NSAID is only useful for osteoarthritis of the elbows, wrist, knees, ankles, or joints amenable to topical therapy. MTUS specifically states topical NSAID are not recommended for the spine or hip. The records show the patient has exceeded the MTUS Guideline for duration for the use of Flector patch and the patches are being

used on a non-recommended body area that is not amenable to topical treatment. The requested Flector patches are not medically necessary.

**Protonix 40 mg, ninety count:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms and Cardiovascular Risk Section.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Omeprazole Page(s): 68-69.

**Decision rationale:** This patient presents with chronic neck and low back pain. The current request is for Protonix 40 mg #90 count. The MTUS Guidelines page 68 and 69 states that Omeprazole is recommended with precaution for patients at risk for gastrointestinal events: (1) Age is greater than 65, (2) History of peptic ulcer disease and GI bleeding or perforation, (3) Concurrent use of ASA or corticosteroid and/or anticoagulant, (4) High dose/multiple NSAID. In this case, there is no indication that the patient is taking NSAID to consider the use of omeprazole. Furthermore, the treater provides no discussion regarding GI issues such as gastritis, ulcers, or reflux that would require the use of this medication. The requested Protonix is not medically necessary.