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| <b>Case Number:</b>   | CM14-0203354 |                              |            |
| <b>Date Assigned:</b> | 12/15/2014   | <b>Date of Injury:</b>       | 01/22/1995 |
| <b>Decision Date:</b> | 02/06/2015   | <b>UR Denial Date:</b>       | 11/06/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 12/04/2014 |

### 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 Rehab 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 patient is a 57 year old male with date of injury 1/22/95. The treating physician report dated 10/24/14 (240) indicates that the patient presents with pain affecting the mid back, low back, right buttock and right leg. The patient describes the pain as constant, sharp, aching and stabbing. The physical examination findings reveal the pain is located in the mid and low back with radiation to the right leg. Prior treatment history includes lumbar epidural steroid injections (1/29/14, 4/30/14), facet injections/medial branch blocks, radio frequency ablation, a laminectomy, acupuncture, yoga/meditation, ice/heat therapy, physical therapy, aquatic therapy, supervised exercise program, nutrition consultation, Functional Restoration Program, psychotherapy, and prescribed medications of Lyrica, Gabapentin, naproxen, Voltaren Gel, Lidoderm patches, and Percocet. Current medications include, Celebrex, Fentanyl transdermal patch, senna, tramadol, Wellbutrin, Trazaone, Cymbalta and losartan. MRI findings per treating physicians report dated 1/29/14 (111) reveal degeneration of the L2-3 and the L3-4 disk with mild spinal stenosis at that level. The current diagnoses are: 1. Low back pain 2. Depressive disorder 3. Lumbar post-laminectomy syndrome 4. Lumbago with sciatica The utilization review report dated 11/6/14 denied the request for 1 Prescription of Fentanyl Patch 25mcg/Hr #15, 1 Prescription of Tramadol 50mg #30, Senna Gen 8.6 MG #60 3 Refills, Celebrex 200 MG, and Lumbar Epidural Steroid Injection L5-S1 based on a lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 Prescription of Fentanyl Patch 25mcg/Hr #15: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids  
Page(s): 74-96.

**Decision rationale:** The patient presents with pain affecting the mid back, low back, right buttock and right leg. The current request is for 1 Prescription of Fentanyl Patch 25mcg/hr. #15. The treating physician report dated 10/24/14 states that patient's pain is worsening and is currently at a level of 9/10 with medications. MTUS pages 88 and 89 states "document pain and functional improvement and compare to baseline. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS also requires documentation of the four A's (analgesia, ADL's, Adverse effects and Adverse behavior). The treating physician report dated 10/24/14 notes that the patient titrated from Fentanyl 75 mcg/hr. patch to 25 mcg/hr. patch. Reports provided show the patient has been using a Fentanyl Transdermal Patch since at least 7/22/13. The report dated 10/24/14 notes that the patient's pain has increased from 7/10 to 9-10/10 while on current medication. Minor adverse effects and adverse behavior were noted by patient including constipation (which is being treated with the prescription of senna), difficulty urinating, depression and restless sleep. The patient's ability to perform his ADL's has drastically reduced. The patient's last urine drug screen was consistent and the physician has a signed pain agreement on file as well. Even though all four of the required A's are addressed and the patients pain level has been monitored upon each visit, there is no documented functional improvement. The provider states in the PR-2 the criteria from the MTUS, but under function it says, "See HPI." Under the HPI, the most benefit from medications in the HPI is that all of the medications facilitate ADLs. In this case, the patient's symptoms have actually progressed and the continued use of a Fentanyl Patch is no longer providing relief. This request is not medically necessary.

**1 Prescription of Tramadol 50mg #30: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids  
Page(s): 74-96.

**Decision rationale:** The patient presents with pain affecting the mid back, low back, right buttock and right leg. The current request is for 1 Prescription of Tramadol 50mg #30. The treating physician report dated 10/24/14 states that patient's pain is worsening and is currently at a level of 9/10 with medications. MTUS guidelines page 78 regarding initiating therapy states, "If partial analgesia is not obtained, opioids should be discontinued."The treating physician report dated 10/24/14 notes that the patient titrated from Percocet 10/325 (6/day) to Tramadol 50

mg daily for breakthrough pain. Reports provided show the patient has been taking Tramadol since at least 9/26/14. The report dated 10/24/14 notes that the patient's pain has increased from 7/10 to 9-10/10 while on current medication. Minor adverse effects and adverse behavior were noted by patient including constipation (which is being treated with the prescription of senna), difficulty urinating, depression and restless sleep. The patient's ability to perform his ADL's has drastically reduced. The patient's last urine drug screen was consistent and the physician has a signed pain agreement on file as well. Even though all four of the required A's are addressed and the patient's pain level has been monitored upon each visit, there is no documented functional improvement. In this case, the patient's symptoms have actually progressed and the continued use of a Tramadol is no longer providing relief. This request is not medically necessary.

**Senna Gen 8.6 MG #60 3 Refills: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The patient presents with pain affecting the mid back, low back, right buttock and right leg. The current request is for Senna Gen 8.6 MG #60 3 Refills. The treating physician report dated 10/24/14 states that the patient reports chronic constipation. The MTUS Guidelines state that for constipation due to opioid use, "Prophylactic treatment of constipation should be initiated." In this case the patient is currently taking Tramadol and the physician documented that the patient was experiencing chronic constipation. MTUS states prophylactic treatment of constipation is recommended. This request is medically necessary.

**Celebrex 200 MG: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-73.

**Decision rationale:** The patient presents with pain affecting the mid back, low back, right buttock and right leg. The current request is for Celebrex 200 MG. A quantity of Celebrex to be prescribed was not mentioned in the requesting treating physicians report dated 10/24/14 or in the provided UR report dated 11/6/14. Regarding NSAID's, MTUS page 22 supports it for chronic low back pain, at least for short-term relief. It is also supported for other chronic pain conditions. MTUS page 60 also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. In this case, a quantity of Celebrex has not been indicated. Without a specific quantity of Celebrex to be prescribed it is uncertain if the current request exceeds MTUS guidelines. Furthermore, the patient's pain level has increased from 7/10 to 9-10/10 while on current medications and no documented functional improvement has been provided. This request is not medically necessary.

## **Lumbar Epidural Steroid Injection L5-S1: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection Page(s): 46.

**Decision rationale:** The patient presents with pain affecting the mid back, low back, right buttock and right leg. The current request is for Lumbar Epidural Steroid Injection L5-S1. The treating physician report dated 10/24/14 notes that the patient's last injection was 4/30/14 and that it provided the patient with 100% relief from the "stabbing pain" and 70% of his aching back pain. MTUS Guidelines do recommended ESIs as an option for "treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy)." Most current guidelines recommend no more than 2 ESI injections. MTUS guidelines go on to state that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In this case, the patient has had two previous epidural steroid injections of the lumbar spine (1/29/14, 4/30/14) and the physician is asking for a third. The MTUS guidelines recommend no more than 2 ESI injections. This request is not medically necessary.