

<b>Case Number:</b>	CM14-0205412		
<b>Date Assigned:</b>	12/18/2014	<b>Date of Injury:</b>	01/25/2001
<b>Decision Date:</b>	02/12/2015	<b>UR Denial Date:</b>	11/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/08/2014

### 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 Internal Medicine, has a subspecialty in HPM and is licensed to practice in Pennsylvania. 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 woman with a date of injury of 01/25/2001. The submitted and reviewed documentation did not identify the mechanism of injury. A treating physician note dated 07/10/2014 indicated the worker was experiencing pain in the lower back and right arm. This was the most recent treating physician not submitted that contained significant clinical data. The documented examination described the worker walked with a wheeled walker, tenderness in the lower back, and decreased joint motion throughout the back. The submitted and reviewed documentation concluded the worker was suffering from sacroiliac joint dysfunction involving both sides, failed lumbar back surgery syndrome, lumbar radiculopathy and spondylosis, opioid-induced gastritis, migraine headaches, and insomnia due to pain. A urinary drug screen testing report dated 06/05/2014 showed positive results for amphetamines, opioids, and oxycodone. There was no discussion indicating if these were expected results or if there was confirmation testing. Treatment recommendations included medications and follow up care. A Utilization Review decision was rendered on 01/01/2014 recommending non-certification for an indefinite supply of Lidoderm (lidocaine) 5% patches, an indefinite supply of Imitrex (sumatriptan) 100mg, fifteen fentanyl transdermal 100mcg/h patches, and 150 tablets of oxycodone-IR 30mg. Supplemental treating physician notes containing minimal clinical content dated 08/11/2014 and 09/09/2014 and a treating physician note dated 06/05/2014 were also reviewed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Oxycodone IR 30mg #150:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids ; Weaning of Medications Page(s): 74-95; 124.

**Decision rationale:** The MTUS Guidelines stress the lowest possible dose of opioid medications should be prescribed to improve pain and function, and monitoring of outcomes over time should affect treatment decisions. Documentation of pain assessments should include the current pain intensity, the lowest intensity of pain since the last assessment, the average pain intensity, pain intensity after taking the opioid medication, the amount of time it takes to achieve pain relief after taking the opioid medication, the length of time the pain relief lasts. An ongoing review of the overall situation should be continued with special attention paid to the continued need for this medication, potential abuse or misuse of the medication, and non-opioid methods for pain management. Acceptable results include improved function, decreased pain, and/or improved quality of life. The MTUS Guidelines recommend opioids be continued when the worker has returned to work and if the worker has improved function and pain control. Consideration for consultation with a multidisciplinary pain clinic or weaning off the medication is encouraged if the pain does not improve with opioid therapy within three months or when these criteria are not met. An individualized taper of medication is recommended to avoid withdrawal symptoms. The submitted and reviewed documentation concluded that the worker was suffering from sacroiliac joint dysfunction involving both sides, failed lumbar back surgery syndrome, lumbar radiculopathy and spondylosis, opioid-induced gastritis, migraine headaches, and insomnia due to pain. The recorded pain assessments contained few of the elements suggested by the Guidelines, and an individualized risk assessment was not provided. There was no indication this specific medication improved the worker's pain intensity or function. A urinary drug screen testing report dated 06/05/2014 showed positive results for amphetamines, opioids, and oxycodone. There was no discussion indicating if these were expected results or if there was confirmation testing. For these reasons, the current request for 150 tablets of oxycodone-IR 30mg is not medically necessary. Because the potentially serious risks significantly outweigh the benefits in this situation based on the submitted documentation, an individualized taper should be able to be completed with the medication the worker has available.

**Fentanyl Transdermal 100mcg/hr#15:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Duragesic (fentanyl transdermal system).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids ; Weaning of Medications Page(s): 74-95;124.

**Decision rationale:** The MTUS Guidelines stress the lowest possible dose of opioid medications should be prescribed to improve pain and function, and monitoring of outcomes over time should affect treatment decisions. Documentation of pain assessments should include the current pain intensity, the lowest intensity of pain since the last assessment, the average pain intensity, pain

intensity after taking the opioid medication, the amount of time it takes to achieve pain relief after taking the opioid medication, the length of time the pain relief lasts. An ongoing review of the overall situation should be continued with special attention paid to the continued need for this medication, potential abuse or misuse of the medication, and non-opioid methods for pain management. Acceptable results include improved function, decreased pain, and/or improved quality of life. The MTUS Guidelines recommend opioids be continued when the worker has returned to work and if the worker has improved function and pain control. Consideration for consultation with a multidisciplinary pain clinic or weaning off the medication is encouraged if the pain does not improve with opioid therapy within three months or when these criteria are not met. An individualized taper of medication is recommended to avoid withdrawal symptoms. The submitted and reviewed documentation concluded that the worker was suffering from sacroiliac joint dysfunction involving both sides, failed lumbar back surgery syndrome, lumbar radiculopathy and spondylosis, opioid-induced gastritis, migraine headaches, and insomnia due to pain. The recorded pain assessments contained few of the elements suggested by the Guidelines, and an individualized risk assessment was not provided. There was no indication this specific medication improved the worker's pain intensity or function. A urinary drug screen testing report dated 06/05/2014 showed positive results for amphetamines, opioids, and oxycodone. There was no discussion indicating if these were expected results or if there was confirmation testing. For these reasons, the current request for fifteen fentanyl transdermal 100mcg/h patches is not medically necessary. Because the potentially serious risks significantly outweigh the benefits in this situation based on the submitted documentation, an individualized taper should be able to be completed with the medication the worker has available, using either this medication and/or the short-acting opioid the worker was prescribed.

**Imitrex 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)

**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: Sumatriptan: Drug information. Topic 9968, version 113.0. UpToDate, accessed 02/07/2015.

**Decision rationale:** Imitrex (sumatriptan) is medication in the serotonin receptor agonist class. The MTUS Guidelines are silent on this issue. Sumatriptan is FDA-approved to treat migraine and cluster headaches. The submitted and reviewed documentation concluded that the worker was suffering from sacroiliac joint dysfunction involving both sides, failed lumbar back surgery syndrome, lumbar radiculopathy and spondylosis, opioid-induced gastritis, migraine headaches, and insomnia due to pain. The recorded assessments of the worker's headaches were minimal. There was no discussion indicating significant benefit from this medication. Further, the request for an indefinite supply does not take into account potential changes in the worker's needs or the potential development of new treatment options that might be more appropriate for the worker. For these reasons, the current request for an indefinite supply of Imitrex (sumatriptan) 100mg is not medically necessary.

**Lidoderm 5% patch:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Part II - Pain Interventions and Treatments, Lidocaine and Topical Analgesics Page(s): 56-57; 11.

**Decision rationale:** The MTUS Guidelines describe topical lidocaine is recommended to treat localized peripheral pain if the worker has failed first line treatments. Topical lidocaine is not recommended for chronic neuropathic pain due to a lack of evidence of benefit demonstrated in the literature. First line treatments are described as tricyclic antidepressant, serotonin-norepinephrine reuptake inhibitor, and anti-epileptic (gabapentin or pregabalin) medications. The submitted and reviewed documentation concluded the worker was suffering from sacroiliac joint dysfunction involving both sides, failed lumbar back surgery syndrome, lumbar radiculopathy and spondylosis, opioid-induced gastritis, migraine headaches, and insomnia due to pain. There was no discussion suggesting prior failed first-line treatment or indicating significant benefit from this medication. Further, the request for an indefinite supply does not take into account potential changes in the worker's needs or the potential development of new treatment options that might be more appropriate for the worker. For these reasons, the current request for an indefinite supply of Lidoderm (lidocaine) 5% patches is not medically necessary.