

<b>Case Number:</b>	CM14-0207564		
<b>Date Assigned:</b>	12/19/2014	<b>Date of Injury:</b>	08/04/1989
<b>Decision Date:</b>	02/13/2015	<b>UR Denial Date:</b>	11/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/11/2014

### 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, has a subspecialty in Interventional Spine, 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 61 year old male with an injury date of 08/04/89. Per the 12/17/14 report, the patient presents with Thoracic spine pain with radiation to the left flank as well as neck and lower back pain with radiation to the bilateral hips along with left shoulder pain with decreased range of motion. Pain is rated 7/10 with use of medications. The treater states the patient has difficulty falling asleep and remaining asleep. He also presents with left foot pain attributed to awkward gait. The patient has not worked for many years and is noted to be retired. Examination reveals range of motion of the neck is limited with facet stress positive and decreased sensation in the left C8 distribution. The lower back has decreased range of motion due to pain with tenderness to palpation and sensory deficits in the L5-S1 dermatomes. There is decreased range of motion of the torso and thoracic tenderness with radiation out to the ribs on the left flank. Tinel's test is positive for the left wrist. Examination of the left shoulder shows severely decreased range of motion with positive tenderness and crepitus. The treater cites 07/25/14 MRI cervical showing C3-7 stenosisThe Treater cites 07/25/14 MRI lumbar showing L1-S1 Disc bulge, L5-S1 stenosisThe patient's diagnoses include:1. Shoulder joint pain2. Lumbago3. Cervical disc degenerative disease4. Lumbar facet arthropathy5. Cervicalgia6. SciaticaThe patient is awaiting scheduling for Spinal surgeon evaluation with [REDACTED] He has failed CESI, LESI, Methadone, NSAID's due to GI issues, and land physical therapy. The patient has deferred trial of Chiropractic and Acupuncture therapy as well as "IDDS d/t apprehension." He has not yet found a massage therapist. The patient has a history of cervical surgery in 1989, Hypertension and Depression. Current medications are listed as Soma, Voltaren gel, Lorazepam, and Norco. The utilization review is dated 12/27/14. Reports were provided for review from 01/18/13 to 12/17/14.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Fentanyl 25mcg #10:** 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 Page(s): 88-89, 76-78.

**Decision rationale:** The patient presents with pain in the thoracic spine radiating to the left flank/ribs, lower back pain radiating to the bilateral hips, neck pain, left shoulder pain, left foot pain, sleep difficulty and a history of depression. Pain with medications is rated 7/10. The current request is for Fentanyl 25mcg #10 per 12/17/14 report. The 12/27/14 utilization review states that for Fentanyl patches #2 is certified and is appropriate for weaning. The MTUS, Fentanyl transdermal, page 93, states, "Indicated for management of persistent chronic pain, which is moderate to severe requiring continuous, around-the-clock opioid therapy. The pain cannot be managed by other means (e.g., NSAIDs)." 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. The reports provided show the patient has been prescribed Fentanyl since at least 01/18/13. The 12/17/14 report and numerous prior reports state, "He previously stated without his pain medications, he is mostly bedridden." The treater states that the patient has failed NSAIDs due to GI issues. The reports do show that pain is routinely assessed through the use of pain scales. Nine reports from 05/08/14 to 12/17/14 rate pain as 6-7/10 with medications with the exception of 8/10 on 10/22/14 and 5/10 on 11/19/14. Pain without medications is not stated. The treater states the following regarding ADL's, "He states with use of his pain medications he is able to walk along driveway slowly with frequent breaks which is at an elevation approx. 1h bid-tid for exercise. He has d/c gardening, cooking and household chores as his wife has since recovered from the breast CA surgery." The 10/22/14 report states, "He states with use of pain medications he is able to perform gardening on his property 1-1.5 hours daily, care for 2 dogs, perform house work, as well as care for wife who was diagnosed with breast cancer." Opiate management issues are addressed. The treater cites a UDS dated 03/18/14 and states it is appropriate and a narcotic agreement originally signed in 2011 was resigned 11/19/14. The treater notes the patient was educated on opioid related side effects and there is no evidence of over intoxication, sedation or withdrawal. In this case, the 4A's have been sufficiently documented. The request is medically necessary.necessary.

### **Fentanyl 12mcg #10:** 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 Page(s): 88-89, 76-78.

**Decision rationale:** The patient presents with pain in the thoracic spine radiating to the left flank/ribs, lower back pain radiating to the bilateral hips, neck pain, left shoulder pain, left foot pain, sleep difficulty and a history of depression. Pain with medications is rated 7/10. The current request is for Fentanyl 25mcg #10 per 12/17/14 report. The 12/27/14 utilization review states that for Fentanyl patches #2 is certified and is appropriate for weaning. The MTUS, Fentanyl transdermal, page 93, states, "Indicated for management of persistent chronic pain, which is moderate to severe requiring continuous, around-the-clock opioid therapy. The pain cannot be managed by other means (e.g., NSAIDs)." 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. The reports provided show the patient has been prescribed Fentanyl since at least 01/18/13. The 12/17/14 report and numerous prior reports state, "He previously stated without his pain medications, he is mostly bedridden." The treater states that the patient has failed NSAIDs due to GI issues. The reports do show that pain is routinely assessed through the use of pain scales. Nine reports from 05/08/14 to 12/17/14 rate pain as 6-7/10 with medications with the exception of 8/10 on 10/22/14 and 5/10 on 11/19/14. Pain without medications is not stated. The treater states the following regarding ADL's, "He states with use of his pain medications he is able to walk along driveway slowly with frequent breaks which is at an elevation approx. 1h bid-tid for exercise. He has d/c gardening, cooking and household chores as his wife has since recovered from the breast CA surgery." The 10/22/14 report states, "He states with use of pain medications he is able to perform gardening on his property 1-1.5 hours daily, care for 2 dogs, perform house work, as well as care for wife who was diagnosed with breast cancer." Opiate management issues are addressed. The treater cites a UDS dated 03/18/14 and states it is appropriate and a narcotic agreement originally signed in 2011 was resigned 11/19/14. The treater notes the patient was educated on opioid related side effects and there is no evidence of over intoxication, sedation or withdrawal. In this case, the 4A's have been sufficiently documented. The request is medically necessary.

**Lorazepam 2mg #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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-64.

**Decision rationale:** The patient presents with pain in the thoracic spine radiating to the left flank/ribs, lower back pain radiating to the bilateral hips, neck pain, left shoulder pain, left foot pain, sleep difficulty and a history of depression. Pain with medications is rated 7/10. The current

request is for Lorazepam 2mg #30 (Cyclobenzaprine) per 12/17/14 report. MTUS guidelines page 64 states the following, "Cyclobenzaprine is recommended for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use." MTUS guidelines for muscle relaxant for pain, page 63 state, "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP." MTUS does not recommend more than 2 to 3 weeks for use of the medication. The reports provided show that the patient has been prescribed this medication since at least 01/18/13. The 12/17/14 report and numerous prior reports state, "He previously stated without his pain medications, he is mostly bedridden." Recent reports do not discuss Lorazepam. In this case, the MTUS recommends short term use of the medication of not more than 2-3 weeks, and the patient is prescribed the medication on a long-term basis. The treater does not provide a rationale for use outside guidelines. Lacking recommendation by MTUS, the request is not medically necessary.

**Tegaderm film 4x4-3/4 #20:** 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 CRITERIA FOR USE OF OPIOIDS Page(s): 88-89, 76-78.

**Decision rationale:** The patient presents with pain in the thoracic spine radiating to the left flank/ribs, lower back pain radiating to the bilateral hips, neck pain, left shoulder pain, left foot pain, sleep difficulty and a history of depression. Pain with medications is rated 7/10. The current request is for Tegaderm film 4x4-3/4 #20 per 12/17/14 report. The MTUS, Fentanyl transdermal, page 93, states, "Indicated for management of persistent chronic pain, which is moderate to severe requiring continuous, around-the-clock opioid therapy. The pain cannot be managed by other means (e.g., NSAIDs)." 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. The treater states that this request is for use over Fentanyl patches. The treater further states on 12/17/14, "He previously stated difficulty with Fentanyl patches falling off as well as scratching them off at night without knowing it." Use of the request to secure the transdermal patches previously discussed is appropriate and reasonable. The request is medically necessary.