

<b>Case Number:</b>	CM14-0209042		
<b>Date Assigned:</b>	12/22/2014	<b>Date of Injury:</b>	01/06/1999
<b>Decision Date:</b>	02/13/2015	<b>UR Denial Date:</b>	12/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/15/2014

### 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 76 year old female with the injury date of 01/06/99. Per physician's report 11/25/14, the patient has pain in her neck, thoracic and lower back, radiating down her legs bilaterally. The patient is s/p right shoulder surgery on 10/25/11 and thoracolumbar spine fusion in 2009. The patient has EMG/NCV in 2012 which demonstrated ulnar neuropathy at [REDACTED]. The patient continues to take Dilaudid and Fentanyl patches with good benefit. "She was able to walk outside and prepare meals with only moderate pain while on the medications. She was not able to function without the medications... The patient does not report any new side effects from the medications... She has been denied again for medications. This leaves this patient in a continuous state of stress and anxiety about her medication refills and leaves her in a position of possible withdrawal from her medications which cannot be withdrawn without weaning." The patient is currently taking Gabapentin, Fentanyl patch, Dilaudid, Allopurinol, Azelastine nasal spray, Enalapril, Lasix, Levothyroid, Paroxetine, Allegra, Caltrate 600, Centrum Silver, Lisinopril, Paxil and Tizanidine. The lists of diagnoses are: 1) Lumbar postlaminectomy syndrome 2) Cervical disc with radiculitis 3) Cervical disc degeneration 4) Degeneration of lumbar disc 5) Cervicalgia 6) Thoracic pain 7) Low back pain. Per 10/28/14 progress report, the patient's overall function has been worsened. The patient ambulates with a cane. The patient is able to sit for 15 minutes without any limitation or evidence of pain. SLR bilaterally is at 30 degrees. The patient is taking "Dilaudid for breakthrough pain has excellent relief with the use of her Fentanyl patch." The utilization review determination being challenged is dated on 12/08/14. Two treatment reports were provided on 10/28/14 and 11/25/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Fentanyl Patch Flim Extended Release 100mcg and 25mcg Quantity 10: Upheld**

**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): 76-78, 88-89.

**Decision rationale:** The patient presents with pain and weakness in her lower back and legs. The patient is s/p right shoulder surgery on 10/25/11 and thoracolumbar spine fusion in 2009. The request is for Fentanyl Patch Film extended release 100mcg and 2.5mcg #10. The patient started utilizing Fentanyl patch between 08/09/14 and 10/28/14. The review of the reports indicates that Fentanyl patches are helpful. The patient increased ADLs with their medications. For example, she was able to walk outside and prepare meals with only moderate pain while on the medications. She was not able to function without the medications. The MTUS guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." The 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. In this case, there are documentations which specifically discuss some ADL's and side effects. However, analgesia is not addressed. There is no discussion regarding aberrant behavior including drug screens, CURES and other behavioral documentations. There are no numerical scales or validated instruments are used to document functional improvement. Given the lack of documentation of Analgesia and aberrant behavior, the request of Fentanyl patch is not medically necessary and should be slowly tapered per MTUS.

**Dilaudid 8 mg Quantity 3: Upheld**

**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): 76-78, 88-89.

**Decision rationale:** The patient presents with pain and weakness in her lower back and legs. The patient is s/p right shoulder surgery on 10/25/11 and thoracolumbar spine fusion in 2009. The request is for Dilaudid 8mg #30. The patient started utilizing Dilaudid between 08/09/14 and 10/28/14. The 10/28/14 and 11/25/14 reports indicate that "Dilaudid for breakthrough has excellent relief with the use of her Fentanyl patch." Regarding chronic opiate use, MTUS guidelines page 88 and 89 states, "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 4A's (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. In this case, the physician states that Dilaudid helps with breakthrough pain. Some specific ADL's and side effects are discussed. However, the review of the reports does not document any analgesia or aberrant drug seeking behavior. Toxicology report and CURES are not addressed. There are no numerical scales or validated instruments are used to document functional improvement. Given the lack of sufficient documentation demonstrating efficacy for chronic opiate use, the patient should slowly be weaned as outlined in MTUS guidelines. The request of Dilaudid is not medically necessary.