

<b>Case Number:</b>	CM14-0078321		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	03/03/2001
<b>Decision Date:</b>	01/21/2015	<b>UR Denial Date:</b>	05/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/27/2014

### 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 injured worker is a 55-year old female with a date of injury as 03/03/01. The cause of injury was not included in the documentation. The current diagnoses include: 1. Lumbar facet syndrome. 2. Piriformis syndrome. 3. Mood disorder. 4. Post lumbar laminectomy syndrome. 5. Lumbar radiculopathy. Previous treatments include multiple medications, Transcutaneous Electrical Nerve Stimulation (TENS) unit, and surgeries. Documentation received for review included primary treating physicians report dated 10/31/13 through 03/10/14, and an x-ray report of the lumbar spine from 04/22/14. Primary treating physician report dated 03/10/14 noted that the injured worker presented with complaints that included back pain that radiates down both legs, lower back ache, tingling over both legs. The injured worker rated her pain as 5 out of 10 with medications, her quality of sleep as fair, and activity level has remained the same. Physical examination showed a slow gait, decreased Range of Motion (ROM) in the lumbar spine limited by pain, paravertebral muscle tenderness and tight muscle band is noted on both the sides, the injured worker cannot walk on her heels or toes, motor testing is limited by pain, and light touch sensation is decreased over lateral calf on both sides. Treatment plan consisted of keeping the injured worker on the same regimen of medications, and awaiting authorization of the lumbar epidural steroid injection. The physician noted that the injured worker presented three days early and that she was out of medications. It was further noted that the injured worker is stable on the current regimen of medications and has not changed this regimen in greater than six months. Current regimen consists of Neurontin 300, Duragesic 12 mcg/hr, Duragesic 25 mcg/hr, Senna, Phenergan, amlodipine Besylate, simvastatin, Trazodone, Wellbutrin XL. It was noted that the injured worker was not experiencing any side effects from the current regimen of medications. None of the documentation submitted evaluated the injured workers functional improvement while taking these medications. The injured worker is

permanent and stationary, and currently not working. The utilization review performed on 05/21/14 non-certified a prescription for Duragesic based on the fact that the provider has not documented the rationale as to why weaning hasn't continued, and non-certified the Phenergan based anti-emetics are not recommended for nausea and vomiting secondary to chronic opioid use. The reviewer referenced the California MTUS and Official Disability Guidelines in making this decision.

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

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

**Duragesic 12 mcg qty 10:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78, 88-89.

**Decision rationale:** The patient presents with complaints that include back pain that radiates down both legs, lower back ache, tingling over both legs. The current request is for Duragesic 12 mcg, quantity 10. The treating physician report dated 3/10/14 (18) states that the injured worker rated her pain as 5 out of 10 with medications, no new problems or side-effects are present, that the patient's activity level has remained the same and that the medications are working well. Furthermore, it states that the patient's function and activities of daily living improved optimally on the current doses of medications. MTUS Guidelines 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 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and aberrant 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 treating physician has not provided a before and after pain scale with opioid usage. There is no documents provided that describe any increased level of function or improved quality of life. In regards to discussing side effects and aberrant behavior from the usage of opioids the treater has a generic statement in each of the 3 reports reviewed that states, "A detailed discussion of the patient's medications and side effects. Appropriate use of opiate pain medications including side effects of endocrine suppression, sleep apnea and constipation." There is no way to tell from each report if the patient is suffering from any side effects of opioid usage or if there are any aberrant behaviors present. Documentation of CURES reporting or urine drug screening was not included. The MTUS guidelines require much more thorough documentation of the 4 As then was provided for review. The treating physician quotes the MTUS opioid section and then states the IW fulfills all of the criteria. Documentation to support the MTUS criteria must be provided to the reviewer for the IMR process to overturn the denial. The current request is not medically necessary.

**Phenergan 25 mg qty 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-Pain; Antiemetic's for opioid nausea

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Antiemetic's (for opioid nausea)

**Decision rationale:** The patient presents with complaints that include back pain that radiates down both legs, lower back ache, tingling over both legs. The current request is for Phenergan 25 mg, quantity 30. The treating physician report dated 3/10/14 (18) lists medications as: "Phenergan for nausea secondary to pain medication." MTUS guidelines do not address the use of Phenergan. ODG states that Phenergan is a phenothiazine that is recommended as a sedative and antiemetic in pre-operative and post-operative situations. It goes on to state that Phenergan is not recommended for nausea and vomiting secondary to chronic opioid use and that if nausea and vomiting remains prolonged, other etiologies of these symptoms should be evaluated for. In this case the treating physician has not documented the medical necessity for this medication and ODG does not support usage for nausea from opioids. The request is not medically necessary.