

<b>Case Number:</b>	CM14-0094487		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	03/03/2001
<b>Decision Date:</b>	01/23/2015	<b>UR Denial Date:</b>	06/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/20/2014

### 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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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:

This is a 55 year old female with a work related injury dated 03/03/2001. On 3/10/2014, treatment provider noted subjective complaint of back pain radiating from the low back down both legs, lower backache, and tingling over both legs. The pain score was rated at 5/10 on a 0 to 10 scale. There was paravertebral tenderness but normal motor and provocative tests. Diagnoses included lumbar facet syndrome, left piriformis syndrome, mood disorder, post lumbar laminectomy syndrome, and lumbar radiculopathy. Treatments have consisted of surgery, transcutaneous electrical nerve stimulation (TENS) unit and medications. Diagnostic testing included CT lumbar spine dated 06/11/2014 which showed solid L5-S1 interbody fusion and moderate spinal canal and left neural foraminal stenosis at L4-5. Work status is noted as permanent and stationary and currently not working. The medications listed are Duragesic patch, Phenergan, Senna, Neurontin, Trazodone and Wellbutrin. On 06/18/2014, Utilization Review non-certified the request for Senna S 8.6/50 #180, Duragesic 12mcg #10, Duragesic 25mcg #10, and Phenergan 25mg #30 citing California Medical Treatment Utilization Schedule Guidelines. Given the denial, the requests for Senna S and Phenergan to treat opioid side effects appear to be not medically necessary and are denied as well. Therefore, the Utilization Review decision was appealed for an Independent Medical Review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Senna 8.6/50 #180:** Upheld

**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 Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that prophylaxis and treatment for opioid induced constipation can be utilized during chronic opioid treatment. The records indicate that the patient is utilizing Senna for the treatment of opioid induced constipation. The criterion for the use of Senna 8.6/50 #180 was not met due to non-certification of Duragesic patch.

**Duragesic 12mcg #10:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disabilities Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that opioids can be utilized for the treatment of severe exacerbation of musculoskeletal pain that did not respond to treatment with NSAIDs and physical therapy (PT). The guidelines recommend that Duragesic patch be utilized as a second line medication in patients who have failed or cannot tolerate oral opioids. The records did not show that the patient failed oral opioids medications. The objective findings did not show severity of pain that required chronic opioid treatment. There is no documentation of guidelines required urine drug screens (UDS) or compliance monitoring data. The criterion for the use of Duragesic patch 12 mcg # 10 was not met.

**Duragesic 25mcg #10:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disabilities Guidelines

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that opioids can be utilized for the treatment of severe exacerbation of musculoskeletal pain that did not respond to treatment with NSAIDs and PT. The guidelines recommend that Duragesic patch be utilized as a second line medication in patients who have failed or cannot tolerate oral opioids. The records did not show that the patient failed oral opioids medications. The objective findings did not show severity of pain that required chronic opioid treatment. There is no documentation of guidelines

required UDS or compliance monitoring data. The criterion for the use of Duragesic patch 25 mcg # 10 was not met.

**Phenergan 25mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disabilities Guidelines

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that the treatment of nausea associated with chronic opioid treatment is not necessary because the nausea is usually self-limiting and respond to dose reduction or opioid rotation. The records indicate that the patient is on chronic treatment with Phenergan. The chronic use of Phenergan is associated with tolerance, dependency, antihistamine and CNS adverse effects. The treatment of opioid induced nausea is no longer necessary because the use of Duragesic patch is not certified. The criterion for the use of Phenergan 25mg #30 was not met.