

<b>Case Number:</b>	CM15-0004535		
<b>Date Assigned:</b>	01/15/2015	<b>Date of Injury:</b>	04/12/2012
<b>Decision Date:</b>	03/17/2015	<b>UR Denial Date:</b>	12/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/09/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

### 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 47 year old female was injured on 4/12/12 resulting in chronic back pain. She had moderate back and neck pain that was significantly improved following laminectomy. She currently she complains of mild back pain, neck pain and mild headache. Medications include Protonix, Zofran, fentanyl, Fioricet, Miralx, Norco, ondansetron, Vistaril, Lidoderm adhesive patch, Robaxin. The laboratory evaluations to determine level of prescription medications was consistent with what is prescribed. Following her surgery her medications were decreased but no specifics detailed. Treatments include medications; trigger point injection; laminectomy L4-5 upper sacrum, medial facetectomies L4-5, L5-S1 bilaterally, microforaminotomies L4, L5, S1 roots bilaterally and microexploration of the disk spaces L4-5 to L5-S1 bilaterally (8/27/14) ; cervical epidural steroid injection (10/20/14) with improvement. Documentation indicates that she is not responding well to conservative treatments. Diagnoses are cervical radiculopathy; gait abnormality; lumbar degenerative disc disease; herniated lumbar disc; radiculopathy of the lumbar spine; fibromyalgia/ myositis; unspecified neuralgia, neuritis and radiculopathy. The treating provider requested Fentanyl 50 transdermal patch every 72 hours #10; Fioricet 50 mg-325 mg- 40 mg 1 twice per day # 60; Norco 7.5/325 mg 1 three times per day # 90; Robaxin 750 mg 1 twice per day #60; and ondonestin 8 mg disintegrating tablet 1 every 12 hours as needed # 60. On 12/19/14 Utilization Review non-certified the requests for the above requested medications citing MTUS: Chronic Pain Medical Treatment Guidelines: Opioids.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Fentanyl 50mcg transdermal patch# 10: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-85, 88-89.

**Decision rationale:** This 47 year old female has complained of low back pain and neck pain since date of injury 4/12/12. She has been treated with lumbar spine surgery, steroid injections, trigger point injections, physical therapy and medications to include opioids since at least 07/2014. The current request is for the Fentanyl patch. No treating physician reports adequately assess the patient with respect to function, specific benefit, return to work, signs of abuse or treatment alternatives other than opioids. There is no evidence that the treating physician is prescribing opioids according to the MTUS section cited above which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract and documentation of failure of prior non-opioid therapy. On the basis of this lack of documentation and failure to adhere to the MTUS guidelines, Fentanyl patch is not indicated as medically necessary.

**Fioricet 50mg-325mg-40mg #60: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Barbiturate containing analgesics (BCA) Page(s): 24.

**Decision rationale:** This 47 year old female has complained of low back pain and neck pain since date of injury 4/12/12. She has been treated with lumbar spine surgery, steroid injections, trigger point injections, physical therapy and medications. The current request is for Fioricet. Per the MTUS guidelines cited above, Fioricet (BCA), a barbiturate containing analgesic, is not recommended for the treatment of chronic pain. On the basis of the MTUS guidelines, Fioricet is not indicated as medically necessary in this patient.

**Norco 7.5/325mg # 90: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-85, 88-89.

**Decision rationale:** This 47 year old female has complained of low back pain and neck pain since date of injury 4/12/12. She has been treated with lumbar spine surgery, steroid injections, trigger point injections, physical therapy and medications to include opioids since at least 07/2014. The current request is for the Norco. No treating physician reports adequately assess the patient with respect to function, specific benefit, return to work, signs of abuse or treatment alternatives other than opioids. There is no evidence that the treating physician is prescribing opioids according to the MTUS section cited above which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract and documentation of failure of prior non-opioid therapy. On the basis of this lack of documentation and failure to adhere to the MTUS guidelines, Norco is not indicated as medically necessary.

**Robaxin 750mg # 60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 41.

**Decision rationale:** This 47 year old female has complained of low back pain and neck pain since date of injury 4/12/12. She has been treated with lumbar spine surgery, steroid injections, trigger point injections, physical therapy and medications to include muscle relaxants for at least 4 weeks duration. Per the MTUS guideline cited above, muscle relaxant agents are not recommended for chronic use and should not be used for a greater than 2-3 week duration. Additionally, they should not be used with other agents. The use of muscle relaxant agents in this patient exceeds the recommended time period usage. On the basis of the MTUS guidelines and available medical documentation, Robaxin is not indicated as medically necessary.

**Ondansetron 8mg # 60:** 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 Chapter

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation [www.drugs.com/ondansetron](http://www.drugs.com/ondansetron)

**Decision rationale:** This 47 year old female has complained of low back pain and neck pain since date of injury 4/12/12. She has been treated with lumbar spine surgery, steroid injections, trigger point injections, physical therapy and medications. The current request is for ondansetron. Per the reference cited above, Zofran is a medication used to treat nausea and/or vomiting due to surgical procedures or treatment for cancer (chemotherapy or radiation). There is no documentation in the available medical records that a recent surgery has been performed or that cancer treatment has been provided. On the basis of these lack of medical findings, Zofran is not indicated as medically necessary.