

Case Number:	CM15-0130261		
Date Assigned:	07/16/2015	Date of Injury:	05/09/2002
Decision Date:	08/14/2015	UR Denial Date:	07/02/2015
Priority:	Standard	Application Received:	07/06/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 74-year-old male, who sustained an industrial injury on 05/09/2002. He has reported injury to the low back. The diagnoses have included lumbago; thoracic/lumbosacral neuritis/radiculitis; degenerative lumbar/lumbosacral intervertebral disc disease; chronic severe low back pain due to multiple levels of disc pathology, discogenic and posterior element pain generators; multiple level facet disease; scoliosis with subluxation at L4/5; lumbar spinal stenosis with claudication; myofascial pain/spasm; and right knee pain. Treatment to date has included medications, diagnostics, physical therapy, and home exercise program. Medications have included Percocet, Fentanyl patch, Zorvolex, and Ambien. A progress report from the treating physician, dated 06/24/2015, documented a follow-up session with the injured worker. Currently, the injured worker complains of chronic low back pain and bilateral leg pain; no significant changes in pain; he can't walk very far for long; he is having to take 3-5 or sometimes six doses of Percocet due to the pain; he is not getting enough relief in pain from the medication; he is wearing Fentanyl patch today; sleep quality is poor; medication management is quite helping; the average pain since last visit is rated at 9-10/10 on the pain scale; mood since last visit is rated at 8-9/10; and functional level since last visit is rated 8-9/10. Objective findings included no acute distress; he continues to have ongoing axial back pain in his low back at upper lumbar spine area, as well as some leg pain; he has lumbar paraspinal muscle spasm; he walks with a single point cane; has a slightly ataxic gait; and there are no new neurological deficits noted. The treatment plan has included the request for Fentanyl patch ugm quantity: 10, refills: unlisted; Percocet 10/325 quantity: 60, refills: unlisted; and Ambien 10mg quantity: 30, refills: unlisted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fentanyl patch 50 ugm Qty: 10 Refills: unlisted: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back, Lumbar & Thoracic (Acute & Chronic) Goodman and Gilman's The Pharmacological Basis of Therapeutics, 12 ed. McGraw Hill, 2010. Physician's Desk Reference, 68th ed www.RxList.com. ODG Workers Compensation Drug Formulary www.odg-twc.com/odgtwc/formulary.htm - drugs.com Epocrates ONLINE, www.online.epocrates.com, Monthly Prescribing Reference, www.empr.com, Opioid Dose Calculator - AMDD Agency Medical Directors' Group Dose Calculator, www.agencymeddirectors.wa.gov.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 44, 47, 75-79, 120 of 127.

Decision rationale: Regarding the request for fentanyl patch, California Pain Medical Treatment Guidelines state that this is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the medication is improving the patient's function or pain (in terms of specific examples of functional improvement and percent reduction in pain or reduced NRS) and no discussion regarding aberrant use. As such, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested fentanyl patch is not medically necessary.

Percocet 10/325 Qty: 60 Refills: Unlisted: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back, Lumbar & Thoracic (Acute & Chronic) Goodman and Gilman's The Pharmacological Basis of Therapeutics, 12 ed. McGraw Hill, 2010. Physician's Desk Reference, 68th ed www.RxList.com. ODG Workers Compensation Drug Formulary www.odg-twc.com/odgtwc/formulary.htm - drugs.com Epocrates ONLINE, www.online.epocrates.com, Monthly Prescribing Reference, www.empr.com, Opioid Dose Calculator - AMDD Agency Medical Directors' Group Dose Calculator, www.agencymeddirectors.wa.gov.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 44, 47, 75-79, 120 of 127.

Decision rationale: Regarding the request for Percocet, California Pain, Medical Treatment Guidelines state that this is an opiate pain medication. Due to high abuse potential, close follow-

up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the medication is improving the patient's function or pain (in terms of specific examples of functional improvement and percent reduction in pain or reduced NRS) and no discussion regarding aberrant use. As such, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested Percocet is not medically necessary.

Ambien 10mg Qty: 30 Refills: Unlisted: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back, Lumbar & Thoracic (Acute & Chronic) Goodman and Gilman's The Pharmacological Basis of Therapeutics, 12 ed. McGraw Hill, 2010. Physician's Desk Reference, 68th ed www.RxList.com. ODG Workers Compensation Drug Formulary www.odg-twc.com/odgtwc/formulary.htm - drugs.com Epocrates Online, www.online.epocrates.com, Monthly Prescribing Reference, www.empr.com, Opioid Dose Calculator - AMDD Agency Medical Directors' Group Dose Calculator, www.agencymeddirectors.wa.gov.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain, Sleep Medication, Insomnia treatment.

Decision rationale: Regarding the request for zolpidem (Ambien), California MTUS guidelines are silent regarding the use of sedative hypnotic agents. ODG recommends the short-term use (usually two to six weeks) of pharmacological agents only after careful evaluation of potential causes of sleep disturbance. They go on to state the failure of sleep disturbances to resolve in 7 to 10 days, may indicate a psychiatric or medical illness. Within the documentation available for review, there is no current description of the patient's insomnia, no discussion regarding what behavioral treatments have been attempted, and no statement indicating how the patient has responded to Ambien treatment. Furthermore, there is no indication that Ambien is being used for short-term use as recommended by guidelines. In the absence of such documentation, the currently requested zolpidem (Ambien) is not medically necessary.