

<b>Case Number:</b>	CM15-0132630		
<b>Date Assigned:</b>	07/20/2015	<b>Date of Injury:</b>	09/03/2009
<b>Decision Date:</b>	08/25/2015	<b>UR Denial Date:</b>	06/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/09/2015

### 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: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 applicant is a represented 55-year-old who has filed a claim for chronic shoulder and low back pain with derivative complaints of fibromyalgia, depression, anxiety, and insomnia reportedly associated with an industrial injury of September 3, 2009. In a Utilization Review report dated June 23, 2015, the claims administrator failed to approve requests for Nucynta, extended release morphine, a lumbar epidural steroid injection, and urine toxicology screening. The claims administrator referenced office visits and RFA forms of June 16, 2015 and June 24, 2015 in its determination. The applicant's attorney subsequently appealed. On December 23, 2014, the applicant reported ongoing complaints of low back pain status post earlier failed lumbar fusion surgery. The applicant had been scheduled for a left L4-L5 epidural steroid injection on January 22, 2015, it was reported. The applicant was off of work and had not worked since October 2009; it was noted in one section of the note. Somewhat incongruously, the attending provider then stated in another section of the note that the applicant had returned to work in December 2006. The note was quite difficult to follow as it mingled historical issues with current issues. The applicant was using Nucynta and Kadian for pain relief. The attending provider stated that the applicant's pain complaints were interfering with her ability to perform activities of daily living to include driving and household chores. The applicant had developed derivative complaints of depression and anxiety, it was reported. Permanent work restrictions were renewed at the bottom of the report. All-in-all, it did not appear that the applicant was working with said limitations in place. On June 15, 2015, the applicant again reported ongoing complaints of low back pain. The attending provider noted that the applicant had had a prior

epidural steroid injection in January 2015. The applicant reported heightened pain complaints reportedly attributed to fibromyalgia. The attending provider posited that her ongoing pain complaints were diminishing her ability to perform home exercises and household chores. The attending provider then stated, somewhat incongruously, that the applicant's ability to care for her child had been ameliorated as a result of ongoing medication consumption. The attending provider again stated that the applicant was off of work and had not worked since October 2009. 5-8/10 pain complaints were reported. Drug testing of June 15, 2015 was reviewed and did include confirmatory and quantitative testing on multiple different opioid metabolites, including codeine, morphine, and hydromorphone.

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

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

**Nucynta 50mg, QTY: 180, 1 every 4-6 hours, release 06/24/15: 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), Opioids, Nucynta (Tapentadol).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 7, When to Continue Opioids Page(s): 80.

**Decision rationale:** No, the request for Nucynta, a short-acting opioid, is not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant was off of work and had last worked in October 2009, the treating provider reported on June 15, 2015. The applicant reported heightened pain complaints on that date, it was acknowledged. While the attending provider reported in one section of his note that the applicant was deriving some analgesia from medication consumption and also stated that the applicant's medications were ameliorating the applicant's ability to care for her child, these reports were, however, outweighed by the applicant's seeming failure to return to work, the attending provider's at-times incongruous reporting of the applicant's work status, and the attending provider's reports on June 15, 2015 to the effect that the applicant's chronic pain complaints were constant, despite medication consumption, and interfered with her ability to perform daily activities, driving, and household chores. Therefore, the request is not medically necessary.

**MS ER 50mg, QTY: 60, twice a day, Release 06/24/15: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Short-acting opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

**Decision rationale:** Similarly, the request for MSER (extended-release morphine sulfate), a long-acting opioid, is likewise not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to

work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant was off of work and had not worked since October 2009, it was reported on June 15, 2015. The applicant reported heightened pain complaints on that date, apparently attributed to combination of chronic back pain and fibromyalgia. While some sections of the attending provider's progress note stated that the applicant's medications were ameliorating her ability to care for her child, this was neither elaborated nor expounded upon and was, furthermore, outweighed by the applicant's seeming failure to return to work, the attending provider's at-times incongruous reporting of the applicant's work status, the attending provider's reports on June 15, 2015 to the effect that the applicant's pain complaints were heightened on that date, and the attending provider's reports on June 15, 2015 to the effect that the applicant's pain complaints were constant and diminishing her ability to perform household chores, drive, perform home exercises, etc. Therefore, the request is not medically necessary.

**Left L4-L5 Transforaminal Epidural/Selective Nerve Root Blocks: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46.

**Decision rationale:** Similarly, the request for a lumbar epidural steroid injection is likewise not medically necessary, medically appropriate, or indicated here. The request was framed as a request for a repeat epidural steroid injection. However, page 46 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that pursuit of repeat epidural steroid injection should be predicated on evidence of lasting analgesia and functional improvement with earlier blocks. Here, however, the applicant remained off of work; it was reported on June 15, 2015. Permanent work restrictions were renewed, seemingly unchanged, from visit to visit. Prior epidural steroid injection therapy failed to curtail the applicant's dependence on opioid agents such as Nucynta and Kadian. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite receipt of at least one prior lumbar epidural steroid injection in January 2015. Therefore, the request is not medically necessary.

**Retrospective review for Urine Toxicology Screen, DOS: 06/16/15: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, On-going Management; Opioids, steps to avoid misuse/addiction; Drug Testing.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Urine drug testing (UDT).

**Decision rationale:** Finally, the request for urine toxicology testing (AKA urine drug testing) performed on June 15, 2015 was likewise not medically necessary, medically appropriate, or indicated here. While page 43 of the MTUS Chronic Pain Medical Treatment Guidelines does support intermittent drug testing in the chronic pain population, the MTUS does not establish specific parameters for or identify a frequency with which to perform drug testing. ODG's Chronic Pain Chapter Urine Drug Testing topic, however, stipulates that an attending provider attach an applicant's complete medication list to the request for authorization for testing, eschew

confirmatory and/or quantitative testing outside of the emergency department drug overdose context, clearly state when an applicant was last tested, attempt to categorize applicants into higher- or lower-risk categories for whom more or less frequent drug testing would be indicated, and attempt to conform to the best practices of the United States Department of Transportation (DOT) when performing drug testing. Here, however, the attending provider did perform confirmatory and quantitative testing, despite the unfavorable ODG position on the same, this despite the fact that the applicant's qualitative drug testing was positive for prescribed opioids. The attending provider failed to furnish a clear or compelling rationale for selection of confirmatory and quantitative testing in the face of the unfavorable ODG position on the same. Testing for multiple different medication metabolites, moreover, ran counter to ODG principles and parameters. Therefore, the request is not medically necessary.