

Case Number:	CM15-0133267		
Date Assigned:	07/21/2015	Date of Injury:	07/13/2001
Decision Date:	08/26/2015	UR Denial Date:	06/12/2015
Priority:	Standard	Application Received:	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: California, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, 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 55 year old male, who sustained an industrial injury on July 13, 2001. Treatment to date has included lumbar transforaminal epidural steroid injection, pain medications, anti-depressants, and lumbar laminectomy. Currently, the injured worker complains of bilateral mid and low back pain with radiation of pain into the bilateral anterolateral thighs. He reports that the pain is exacerbated with prolonged sitting and standing, lifting, activity, lying down, sneezing and bearing down. His pain is relieved with lying on his back. The injured worker's current medication regimen includes aspirin, fentanyl patch, soma, Percocet, gabapentin, and Ambien. On physical examination the injured worker's lumbar and right sacroiliac joint range of motion was restricted by pain in all directions. He had tenderness to palpation over the lumbar paraspinal muscles and exhibited an antalgic gait. He had spasm of the lumbar spine and positive bilateral reverse straight leg raise. The diagnoses associated with the request include lumbar post-laminectomy syndrome, lumbar disc protrusion, bilateral lumbar facet joint pain at L4-5 and L5-S1, lumbar facet joint arthropathy, lumbar stenosis and lumbar sprain-strain. The treatment plan includes Fentanyl patch, Percocet, Soma, Ambien, and Fortesta.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325mg, quantity: 120 prescribed 5/14/2015: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78, 92.

Decision rationale: Per MTUS Chronic Pain Medical Treatment Guidelines p78 regarding ongoing management of opioids "Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: Pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug related behaviors. These domains have been summarized as the '4 A's' (Analgesia, activities of daily living, adverse side effects, and any aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." Per progress report dated 5/14/15, it was noted that Percocet provided a 60% decrease of the injured worker's breakthrough pain with 60% improvement of the injured worker's activities of daily living such as self-care and dressing. The injured worker's Oswestry Disability Index score is a 30 (60% disability) with the use of Percocet, while it was 43 (86% disability) without. Efforts to rule out aberrant behavior (e.g. CURES report, UDS, opiate agreement) are necessary to assure safe usage and establish medical necessity. UDS dated 2/7/15 was positive for fentanyl, medical marijuana, percocet, prozac, and soma. I respectfully disagree with the UR physician's assertion that the documentation did not support the continued use of Percocet. The request is medically necessary.

Soma 350mg, quantity: 60 with 2 refills, prescribed 5/14/2015: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol Page(s): 29.

Decision rationale: Per MTUS CPMTG p29, "Not recommended. This medication is not indicated for long-term use. Carisoprodol is a commonly prescribed, centrally acting skeletal muscle relaxant whose primary active metabolite is meprobamate (a schedule-IV controlled substance). Carisoprodol is now scheduled in several states but not on a federal level. It has been suggested that the main effect is due to generalized sedation and treatment of anxiety. Abuse has been noted for sedative and relaxant effects. In regular abusers the main concern is the accumulation of meprobamate. Carisoprodol abuse has also been noted in order to augment or alter effects of other drugs." The records were evaluated as to the history of medication use, the injured worker has used this medication since at least 1/2015. However, as this medication is not recommended by MTUS, it is not medically necessary.

Ambien 10mg, quantity: 30 with 2 refills, prescribed 5/14/2015: 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), Treatment Index, 13th Edition (Web), 2015, Pain-Insomnia treatment.

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

Decision rationale: The MTUS is silent on the treatment of insomnia. With regard to Ambien, the ODG guidelines state "Zolpidem is a prescription short-acting nonbenzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia. Proper sleep hygiene is critical to the individual with chronic pain and often is hard to obtain. Various medications may provide short-term benefit. While sleeping pills, so-called minor tranquilizers, and anti-anxiety agents are commonly prescribed in chronic pain, pain specialists rarely, if ever, recommend them for long-term use. They can be habit-forming, and they may impair function and memory more than opioid pain relievers. There is also concern that they may increase pain and depression over the long-term." The documentation submitted for review indicates that the injured worker has used this medication since at least 1/2015. It was not noted whether simple sleep hygiene methods were tried and failed. As this medication is only recommended for short-term use, the request is not medically necessary.

Fentanyl patch 50mcg, quantity: 10, prescribed on 5/14/2015: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78, 93.

Decision rationale: Per MTUS CPMTG with regard to Duragesic: "Not recommended as a first-line therapy. Duragesic is the trade name of a fentanyl transdermal therapeutic system, which releases fentanyl, a potent opioid, slowly through the skin. It is manufactured by [REDACTED] and marketed by [REDACTED] (both subsidiaries of [REDACTED]). The FDA-approved product labeling states that Duragesic is indicated in the management of chronic pain in patients who require continuous opioid analgesia for pain that cannot be managed by other means." MTUS p93 notes that Duragesic should only be used in patients who are currently on opioid therapy for which tolerance has developed. Per MTUS Chronic Pain Medical Treatment Guidelines p78 regarding on-going management of opioids "Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: Pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug related behaviors. These domains have been summarized as the '4 A's' (Analgesia, activities of daily living, adverse side effects, and any aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." Per progress report dated 5/14/15, it was noted that fentanyl patch provided a 50% decrease of the injured worker's around-the-clock pain with 50% improvement of the

injured worker's activities of daily living such as self-care and dressing. The injured worker's Oswestry Disability Index score is a 30 (60% disability) with the use of fentanyl patch, while it was 43 (86% disability) without. Efforts to rule out aberrant behavior (e.g. CURES report, UDS, opiate agreement) are necessary to assure safe usage and establish medical necessity. UDS dated 2/7/15 was positive for fentanyl, medical marijuana, percocet, prozac, and soma. I respectfully disagree with the UR physician's assertion that the documentation did not support the continued use of fentanyl patch. The request is medically necessary.