

<b>Case Number:</b>	CM15-0141222		
<b>Date Assigned:</b>	07/31/2015	<b>Date of Injury:</b>	02/17/2001
<b>Decision Date:</b>	09/02/2015	<b>UR Denial Date:</b>	06/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/21/2015

### 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: New York  
 Certification(s)/Specialty: Anesthesiology

### 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 59 years old, with a reported date of injury of 02-17-2001. The mechanism of injury was a fall down steps. He hit his back and landed on his right leg and foot. The injured worker's symptoms at the time of the injury included immediate pain in the low back and right leg and foot. The diagnoses include status post right L5 to S1 discectomy, status post L5 to S1 posterior lumbar interbody fusion, status post removal of hardware in the lower back, status post revision decompression and posterior spinal fusion, status post lumbar hardware removal and exploration of fusion, moderate L2 to L3 and L3 to L4 foraminal stenosis, chronic pain syndrome, right lower extremity radiculopathy, significant degenerative disc disease with moderate disc collapse at C5 to C6 and severe disc collapse at C6 to C7, right upper extremity C5 to C6 radiculopathy, and lumbar spinal cord stimulator trial failure. Treatments and evaluation to date have included oral medications, topical pain medication, spinal cord stimulator, and multiple lumbar spine surgeries. The diagnostic studies to date have included an MRI of the lumbar spine on 02-11-2011 which showed broad-based posterior disk/endplate osteophyte complex, a mild degree of central stenosis at L3 through L4, and abnormal signal along the thecal sac at L5 to S1 level; an MRI of the cervical spine on 02-11-2011 which showed mild-to-moderate narrowing of both neural foramina at C3 to C4, mild narrowing of both neural foramina at C4 to C5, mild degree of central stenosis at C5 to C6, and a broad-based posterior disc protrusion at C6 to C7; an MRI of the thoracic spine on 02/11/2011 which showed a central posterior disc protrusion at T3 to T4; and x-rays of the lumbar spine on 10-31-2007 which showed lumbar surgery. The medical report dated 04-02-2012 indicates that the injured worker

had a CT scan of the lumbar spine on 02-15-2012 which showed postoperative changes with posterior fusion of the facet joints from L3 through S1 interbody fusion of L5 through S1 and an L5 through S1 laminectomy; mild central stenosis; foraminal stenosis; and mild retrolisthesis with degenerative disc disease. The medical report dated 01-25-2011 indicates that x-rays were formed on the injured worker. The findings were not provided. The progress report dated 06-10-2015 indicates that the injured worker reported ongoing difficulty with pain in his neck, low back, right wrist, and right lower leg from the knee to the ankle. He rated his pain 10-out-of-10 in intensity, but indicated that it was reduced to 4 out of 10 with use of his medications. The physical examination showed antalgic movements when rising up from a seated position, improved cervical spine range of motion, good range of motion in the shoulders, forward flexion of the lumbar spine at 40 degrees, a slightly forward flexed posture, weakness in both lower extremities, and decreased balance. It was noted that the injured worker would begin to experience relief within 60 minutes of taking the medications, with the relief lasting for approximately 1 to 2 hours. Over the past month, his lowest pain level was rated 3 out of 10, his highest pain level was rated 10 out of 10, and his average pain level was rated 6 out of 10. Without medication, the injured worker had restricted walking, sitting, and standing, but they are improved with medication. The injured worker found that performing his activities of daily living was easier and required less time and effort with medication. The injured worker's work status was not included. The treating physician requested Fentanyl 50mcg per hour patch #15; Ultram 50mg #180; and Norco 10-325mg #150.

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

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

**Fentanyl 50mcg per hour patch #15:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 44.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Duragesic (Fentanyl transdermal system), Opioids, and Topical Analgesics Page(s): 44, 74-96, and 111-113.

**Decision rationale:** According to ODG and MTUS, Fentanyl is a long-acting narcotic analgesic used to manage both acute and chronic pain. Fentanyl is an opioid analgesic with a potency of eighty times that of Morphine. Fentanyl transdermal (Duragesic) patches are indicated for the management of persistent chronic pain, which is moderate to severe requiring continuous, around-the-clock opioid therapy. Duragesic patches should only be used in patients who are currently on opioid therapy for which tolerance has developed. Patches are worn for a 72-hour period. A pain assessment should include current pain, intensity of pain after taking the opiate, and the duration of pain relief. There is documentation that the injured worker had been taking other opioid medications. There was no evidence that the other medications were not managing the pain. The injured worker has been using the Fentanyl patch since at least May 7, 2008. They are "largely experimental in use with few randomized controlled trials to determine effectiveness or safety." The guidelines state that on-going management for the use of opioids should include the on-going review and documentation of pain relief, functional status, appropriate medication

use, and side effects. The pain assessment should include: current pain, the least reported pain over the period since the last assessment, average pain, and intensity of pain after taking the opioid, how long it takes for pain relief, and how long the pain relief lasts. The medical report did not include documentation of side effects, appropriate medication use, or an opioid contract. The medical records included a urine toxicology report dated April 4, 2014, which showed evidence of Tramadol. The treating physician did not provide sufficient evidence of improvement in the work status, activities of daily living, or dependency on continued medical care. Medical necessity of the requested item has not been established. Of note, discontinuation of an opioid analgesic should include a taper to avoid withdrawal symptoms. The requested medication is not medically necessary.

**Ultram 50mg #180:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids and Tramadol (Ultram) Page(s): 74-96 and 113.

**Decision rationale:** The CA MTUS Chronic Pain Guidelines indicate that Tramadol (Ultram) is a centrally acting synthetic opioid analgesic which is not recommended as a first line oral analgesic. Multiple side effects have been reported including increased risk of seizure especially in patients taking selective serotonin reuptake inhibitors (SSRIs), tricyclic antidepressants and other opioids. Tramadol may also produce life-threatening serotonin syndrome. The injured worker has been taking Ultram since at least 11-14-2011. There is documentation that the injured worker had been taking other opioid medications. There is insufficient evidence that the treating physician is prescribing opioids according to the MTUS, which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, and opioid contract. The medical report did not include documentation of side effects, appropriate medication use, or an opioid contract. The medical records included a urine toxicology report dated 04-04-2014, which showed evidence of Tramadol. The treating physician did not provide sufficient evidence of improvement in the work status, activities of daily living, and dependency on continued medical care. Per the MTUS, opioids are minimally indicated, if at all, for chronic non-specific pain, osteoarthritis, "mechanical and compressive etiologies," and chronic back pain. There is no evidence of significant pain relief or increased function from the opioids used to date. Although medications as a group were noted to allow activities of daily living, the injured worker's return to work was not documented. The MTUS states that a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. There is no evidence that the treating physician has utilized a treatment plan not using opioids, and that the injured worker "has failed a trial of non-opioid analgesics." Therefore, the request for Ultram is not medically necessary.

**Norco 10-325mg #150:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids  
Page(s): 74-96.

**Decision rationale:** The CA MTUS Chronic Pain Guidelines indicate that Norco (hydrocodone and acetaminophen) is recommended for moderate to moderately severe pain. The injured worker has been taking Norco since at least 05-07-2008. The MTUS Guidelines state that on-going management for the use of opioids should include the on-going review and documentation of pain relief, functional status, appropriate medication use, and side effects. The pain assessment should include: current pain, the least reported pain over the period since the last assessment, average pain, intensity of pain after taking the opioid, how long it takes for pain relief, and how long the pain relief lasts. The medical report did not include documentation of side effects or appropriate medication use. There is insufficient evidence that the treating physician is prescribing opioids according to the MTUS, which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, and opioid contract. A random drug test was performed on 04-04-2014; however, an opioid contract was not discussed. There is no evidence of significant pain relief or increased function from the opioids used to date. Therefore, the request for Norco is not medically necessary.