

<b>Case Number:</b>	CM15-0141715		
<b>Date Assigned:</b>	07/31/2015	<b>Date of Injury:</b>	11/07/1991
<b>Decision Date:</b>	09/11/2015	<b>UR Denial Date:</b>	06/24/2015
<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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 66 year old female, who sustained an industrial injury on 11-7-91 Initial complaints were not reviewed. The injured worker was diagnosed as having lumbar degenerative disc disease; fibromyalgia; chronic back pain; facet arthropathy; sacroiliitis; trochanter bursitis; piriformis syndrome; chronic abdominal pain secondary to pancreatitis; nuclear senile sclerosis with cognitive compromise. Treatment to date has included physical therapy; medications. Currently, the PR-2 notes dated 5-26-15 indicated the injured worker complains of generalized body pain, buttock pain and TMJ pain. The injured worker has a history of fibromyalgia, TMJ, chronic low back pain secondary to lumbar degenerative disc disease, facet arthropathy, scoliosis, trochanteric bursitis and piriformis syndrome as well as chronic abdominal pain secondary to pancreatitis. She was last seen on 4-28-15 at which time she was to continue on current medications and returns on this date as a follow-up. Her husband is her full time caregiver and states the pain has been relatively stable with regards to her TMJ, fibromyalgia, and chronic pancreatitis on current medications regime. Her TMJ is reported to continue to be 6 over 10 daily and pancreatic pain continues to be intermittent 5 over 10. She is currently on Fentanyl patch 50mcg an hour every 72 hours and Dilaudid she uses 2 mg one time a day. She also takes Amrix occasionally. There have been no changes since her last visit. She has received a right L4-L5 selective nerve root block with good relief in the past as well as an epidural at L5-S1 with good relief reported. On physical examination the provider documents tenderness to palpation of the lumbar vertebrae and paraspinal muscles. She has severe tenderness to palpation of the bilateral sacroiliac left greater than right. There is decreased range of motion on extension and lateral rotation of the back. Pain is noted with all range of motion more severe with extension.

She has problems ambulating but is not wheelchair bound. Her TMJ exam shows no clicking or asymmetry. The provider is requesting authorization of Fentanyl (duragesic) 50mcg, 1 patch every 72 hours for 6 months and Hydromorphone (dilaudid) 2mg every 6 hours as needed for breakthrough moderate to severe pain for 6 months.

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

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

**Fentanyl (duragesic) 50mcg, 1 patch every 72 hours for 6 months: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain CRITERIA FOR USE OF OPIOIDS Page(s): 60, 61, 76-78, 88, 89.

**Decision rationale:** The patient presents with generalized body pain, buttock pain, sciatica, TMJ pain and abdominal pain. The request is for FENTANYL (DURAGESIC) 50MCG, 1 PATCH EVERY 72 HOURS FOR 6 MONTHS. The request for authorization is not provided. Physical examination reveals tenderness to palpation of lumbar vertebrae and paraspinous muscles. Severe tenderness to palpation of bilateral SI and trochanteric bursa. There is decreased range of motion on extension and lateral rotation of back. Pain noted with all ROM noted more severe with extension. Patient has had right L4-L5 selective nerve root block with good relief. An epidural L5-S1 with good relief. Opioid treatment consent, agreement, and compliance were reviewed. There is no apparent sign of misuse, abuse or diversion of all prescribed opioids. Patient tolerates opioids for pain management with minimal adverse reaction. Patient's medications include Augmentin, Lipitor, Dulcolax, Wellbutrin, Klonopin, Amrix, Benadryl, Lexapro, Estrace, Duragesic, Dilaudid, Levothyroxine, Hiprex, Zofran, Creon, Pyridium, Glycolax, Golytely, Hytrin and Trimpex. The patient's work status is not provided. MTUS guidelines page 44 recommends Fentanyl transdermal (Duragesic) for management of persistent chronic pain, which is moderate to severe requiring continuous, around-the-clock opioid therapy. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4A's (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. Per progress report dated 07/21/15, treater's reason for the request is "for pain." The patient has been prescribed Fentanyl patch since at least 11/26/13. MTUS requires appropriate discussion of the 4A's, however, in addressing the 4A's, treater does not discuss how Fentanyl patch significantly improves patient's activities of daily living with specific examples of ADL's. Analgesia is not discussed either, specifically showing significant pain reduction with use of Fentanyl patch. No validated instrument is used to show functional improvement. There is documentation regarding adverse effects and aberrant drug behavior. No UDS or CURES report. Therefore, given the lack of documentation as required by MTUS, the request IS NOT medically necessary.

**Hydromorphone (dilaudid) 2mg every 6 hours as needed for breakthrough moderate to severe pain for 6 months:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain, Opioids, criteria for use, Opioids, dosing Page(s): 81, 79-80, 86.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain CRITERIA FOR USE OF OPIOIDS Page(s): 60, 61, 76-78, 88, 89.

**Decision rationale:** The patient presents with generalized body pain, buttock pain, sciatica, TMJ pain and abdominal pain. The request is for HYDROMORPHONE (DILAUDID) 2MG EVERY 6 HOURS AS NEEDED FOR BREAKTHROUGH MODERATE TO SEVERE PAIN FOR 6 MONTHS. The request for authorization is not provided. Physical examination reveals tenderness to palpation of lumbar vertebrae and paraspinal muscles. Severe tenderness to palpation of bilateral SI and trochanteric bursa. There is decreased range of motion on extension and lateral rotation of back. Pain noted with all ROM noted more severe with extension. Patient has had right L4-L5 selective nerve root block with good relief. An epidural L5-S1 with good relief. Opioid treatment consent, agreement, and compliance were reviewed. There is no apparent sign of misuse, abuse or diversion of all prescribed opioids. Patient tolerates opioids for pain management with minimal adverse reaction. Patient's medications include Augmentin, Lipitor, Dulcolax, Wellbutrin, Klonopin, Amrix, Benadryl, Lexapro, Estrace, Duragesic, Dilaudid, Levothyroxine, Hiprex, Zofran, Creon, Pyridium, Glycolax, Golytely, Hytrin and Trimpex. The patient's work status is not provided. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. Per progress report dated 07/21/15, treater's reason for the request is "for breakthrough (about 2x/day)." The patient has been prescribed Dilaudid since at least 11/26/13. MTUS requires appropriate discussion of the 4A's, however, in addressing the 4A's, treater has not discussed how Dilaudid significantly improves patient's activities of daily living with specific examples of ADL's. Analgesia is not discussed either, specifically showing significant pain reduction with use of Dilaudid. No validated instrument is used to show functional improvement. There is documentation regarding adverse effects and aberrant drug behavior. No UDS or CURES report. Therefore, given the lack of documentation as required by MTUS, the request IS NOT medically necessary.