

<b>Case Number:</b>	CM15-0142786		
<b>Date Assigned:</b>	08/04/2015	<b>Date of Injury:</b>	05/21/2004
<b>Decision Date:</b>	09/22/2015	<b>UR Denial Date:</b>	07/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/24/2015

### 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: 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 injured worker is a 53-year-old male, who sustained an industrial injury on May 21, 2004. He reported a lower back injury. The injured worker was diagnosed as having complex regional pain syndrome. The medical records refer to an MRI being performed on November 21, 2015, which revealed postoperative changes in the mid and lower lumbar spine. There was scattered multilevel degenerative change. There was relatively mild spinal canal narrowing throughout the lumbar spine with spinal canal widely patent through the operative defect. The neural foramen was most marked bilaterally at the lumbar 4 which was mild to moderate. The report of the November 21, 2015 MRI was not included in the provided medical records. He underwent a bilateral lumbar 3-4 and lumbar 4-5 laminectomy with decompression of the lumbar 3 through lumbar 5 nerve roots and dural sac in 2009. Treatment to date has included chiropractic therapy, physical therapy, transcutaneous electrical nerve stimulation (TENS), multiple radiofrequency ablations, medial branch block, work modifications, temporary total disability, a cane, crutches, wheelchair, yoga, home exercises and stretching, an ankle-foot orthosis (AFO), and medications including oral and transdermal opioid analgesics, anti-epilepsy, muscle relaxant, antidepressants, and non-steroidal anti-inflammatory. There were no noted previous injuries or dates of injury, and no noted comorbidities. On June 3, 2015, the injured worker reported noticing improvement following a right radiofrequency ablation on May 11 and a left radiofrequency ablation on May 12. He has been able to stand and cook some and walk 10 steps since the ablations. He is able to bathe and dress himself. He has not left the house for several months other than to go to doctor appointments. He has gradually tapered his hydrocodone. He currently takes hydrocodone/acetaminophen 10/300 one pill twice a day and a Fentanyl patch. He leaves the Fentanyl patch on for 72 hours, but will apply the new patch after 48 hours. He requested Soma. He reported previously taking one-third of a Soma tablet at nighttime, which helped with muscle spasms. The physical exam revealed a contracture of the left foot and

atrophy of the calves. No further exam was performed, as the treating physician reviewed the documentation from the pain clinic. He is to remain off work. Requested treatments include: Fentanyl patch, Hydrocodone/Acetaminophen, and Carisoprodol.

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

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

#### **Carisoprodol 250mg #12: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 299, 308, Chronic Pain Treatment Guidelines Carisoprodol (Soma) Section Page(s): 29.

**Decision rationale:** The MTUS Guidelines do not recommend the use of Soma, and specifically state that the medication is not indicated for long-term use. In this case, the injured worker has long-term chronic pain with no evidence of an acute exacerbation of pain. He has had recent success with right and left radiofrequency ablation on May 11, 2015. Previous long-term use of opioid medications have not provided evidence of decreased pain or increase in function. There is evidence of a contracture of the left foot and some subjective spasm. A short-term trial of Soma is warranted in this case. The request for Carisoprodol 250mg #12 is determined to be medically necessary.

#### **Fentanyl 50mcg/hr #15: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Duragesic (fentanyl transdermal system) Section, Opioids Section, Opioids Section, Weaning of Medications Section Page(s): 44, 74-95, 124.

**Decision rationale:** The MTUS Guidelines do not recommend the use of Duragesic patch 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. 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. The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. They do provide guidance on the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use of opioids may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. The medical documents do not indicate that the injured worker has significant pain reduction and objective functional improvement as a result of chronic opioid treatment. The available documentation provides evidence that he is not taking the medication as prescribed. It is not recommended to discontinue opioid treatment abruptly, as weaning of medications is necessary to avoid withdrawal symptoms when opioids have been used chronically. This request however

is not for a weaning treatment, but to maintain treatment. The request for Fentanyl 50mcg/hr #15 is determined to not be medically necessary.

**Hydrocodone/Acetaminophen 10/300mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Section, Weaning of Medications Section Page(s): 74-95, 124.

**Decision rationale:** The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. The injured worker has been taking Hydrocodone/Acetaminophen for an extended period without objective documentation of functional improvement or significant decrease in pain. Additionally, this medication has been recommended for weaning in previous reviews. It is not recommended to discontinue opioid treatment abruptly, as weaning of medications is necessary to avoid withdrawal symptoms when opioids have been used chronically. This request however is not for a weaning treatment, but to continue treatment. The request for Hydrocodone/Acetaminophen 10/300mg #60 is determined to not be medically necessary.