

<b>Case Number:</b>	CM15-0143920		
<b>Date Assigned:</b>	08/04/2015	<b>Date of Injury:</b>	07/27/2013
<b>Decision Date:</b>	08/31/2015	<b>UR Denial Date:</b>	06/30/2015
<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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 56-year-old female, who sustained an industrial injury on July 27, 2013. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. The injured worker was diagnosed as having lumbar radiculopathy secondary to lumbar disc injuries, bilateral lumbar four to five and lumbar five to sacral one facet syndrome, grade I retrolisthesis of the lumbar one on lumbar two, lumbar two on lumbar three, and lumbar three on lumbar four with chronic lumbosacral strain, cervical radiculopathy secondary to cervical disc disease confirmed on magnetic resonance imaging, and constipation related opioid analgesics. Treatment and diagnostic studies to date has included x-ray of the lumbar spine, physical therapy, use of a transcutaneous electrical nerve stimulation unit, magnetic resonance imaging of the cervical spine, and medication regimen. In a progress note dated June 08, 2015 the treating physician reports complaints of persistent pain to the low back and bilateral legs with the left worse than the right along with numbness and weakness. The treating physician also noted pain to the neck and the upper extremities with the left worse than the right along with numbness and weakness. Examination reveals decreased range of motion to the lumbar spine, tenderness to the left lumbar paravertebral muscles, moderate tenderness to the right gluteal muscle, positive straight leg raise, decreased range of motion to the cervical spine, and moderate and severe tenderness to the left erector capitis and trapezius muscles. The injured worker's current medication regimen included Fentanyl Transdermal Patches, Dendracin Lotion, Docusate Sodium, Tramadol, and Gabapentin. The injured worker's pain level was rated a 7 to 10 on a scale of 0 to 10 without the injured worker's medication regimen and the injured worker's pain level was rated a 5 to 7 with the use of the injured worker's medication regimen. The treating physician noted that the injured worker had difficulty with activities of daily living without the use of her medication regimen, but she is able to increase her activities of daily

living with the use of her medication regimen. The treating physician requested the medications of Fentanyl patches 25mg with a quantity of 10, Dendracin lotion #1 tube, and Tramadol 50mg with a quantity of 120 noting current use of these medications.

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

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

#### **Fentanyl patches 25mg #10: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Duragesic (Fentanyl transdermal system) Page(s): 44, 47.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (1) Pain Outcomes and Endpoints, p8, (2) Opioids, criteria for use, p76-80, (3) Opioids, dosing, Page(s): 76-80, 86. Decision based on Non-MTUS Citation Farrar JT, Young JP, LaMoreaux L, Werth JL, Poole RM. Clinical importance of changes in chronic pain intensity measured on an 11-point numerical pain rating scale. Pain 2001 Nov; 94 (2):149-58.

**Decision rationale:** The claimant sustained a work injury in July 2013 and continues to be treated for chronic radiating back pain. Medications are referenced as decreasing pain to 5-7/10 and allowing for increased activities of daily living and improved standing and walking tolerances. When seen, there was decreased spinal range of motion with tenderness. Straight leg raising was positive on the left. There was decreased shoulder range of motion on the left side and decreased left hip range of motion. There was decreased upper and lower extremity strength and sensation. Medications were refilled. Fentanyl and tramadol were prescribed at a total MED (morphine equivalent dose) of 100 mg per day. When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Fentanyl is a sustained release opioid used for treating baseline pain. In this case, it is being prescribed as part of the claimant's ongoing management. There are no identified issues of abuse or addiction and medications are providing decreased pain. The total MED is less than 120 mg per day consistent with guideline recommendations. Continued prescribing is medically necessary.

#### **Dendracin lotion #1 tube: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (1) Medications for chronic pain, p60 (2) Topical Analgesics, Page(s): 60, 111-113.

**Decision rationale:** The claimant sustained a work injury in July 2013 and continues to be treated for chronic radiating back pain. Medications are referenced as decreasing pain to 5-7/10 and allowing for increased activities of daily living and improved standing and walking tolerances. When seen, there was decreased spinal range of motion with tenderness. Straight leg raising was positive on the left. There was decreased shoulder range of motion on the left side and decreased left hip range of motion. There was decreased upper and lower extremity

strength and sensation. Medications were refilled. Fentanyl and tramadol were prescribed at a total MED (morphine equivalent dose) of 100 mg per day. Dendracin was being prescribed. Prior treatments had included Aspercream, Ben-Gay, and icy hot with reported failure. Dendracin is a combination of benzocaine, methyl salicylate, and menthol. Menthol and methyl salicylate are used as a topical analgesic in over the counter medications such as Ben-Gay or Icy Hot. They work by first cooling the skin then warming it, providing a topical anesthetic and analgesic effect which may be due to interference with transmission of pain signals through nerves. Guidelines address the use of capsaicin which is believed to work through a similar mechanism and which is recommended as an option in patients who have not responded or are intolerant to other treatments. Benzocaine is a local anesthetic. Guidelines address the use of topical lidocaine which, can be recommended for localized peripheral pain. In this case, the claimant has not failed a trial of topical lidocaine in a non-patch formulation or capsaicin. Guidelines also recommend that when prescribing medications only one medication should be given at a time. By prescribing a multiple combination medication, in addition to the increased risk of adverse side effects, it would not be possible to determine whether any derived benefit is due to a particular component. In this case, there are other single component topical treatments that could be considered. This medication is not medically necessary.

**Tramadol 50mg #120: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram) Page(s): 93-94, 113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (1) Pain Outcomes and Endpoints, p8, (2) Opioids, criteria for use, p76-80 (3) Opioids, dosing, p86 Page(s): 76-80, 86. Decision based on Non-MTUS Citation Farrar JT, Young JP, LaMoreaux L, Werth JL, Poole RM. Clinical importance of changes in chronic pain intensity measured on an 11-point numerical pain rating scale. Pain 2001 Nov; 94 (2):149-58.

**Decision rationale:** The claimant sustained a work injury in July 2013 and continues to be treated for chronic radiating back pain. Medications are referenced as decreasing pain to 5-7/10 and allowing for increased activities of daily living and improved standing and walking tolerances. When seen, there was decreased spinal range of motion with tenderness. Straight leg raising was positive on the left. There was decreased shoulder range of motion on the left side and decreased left hip range of motion. There was decreased upper and lower extremity strength and sensation. Medications were refilled. Fentanyl and tramadol were prescribed at a total MED (morphine equivalent dose) of 100 mg per day. Dendracin was being prescribed. Prior treatments had included Aspercream, Ben-Gay, and icy hot with reported failure. When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Tramadol is an immediate release short acting medication often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management and providing pain relief. There are no identified issues of abuse or addiction. The total MED is less than 120 mg per day consistent with guideline recommendations. Continued prescribing is medically necessary.