

<b>Case Number:</b>	CM15-0148606		
<b>Date Assigned:</b>	08/10/2015	<b>Date of Injury:</b>	04/17/1998
<b>Decision Date:</b>	09/22/2015	<b>UR Denial Date:</b>	07/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/29/2015

### 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: Arizona, Texas  
 Certification(s)/Specialty: Internal 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 57 year old female, who sustained an industrial injury on 4-17-1998. The medical records submitted for this review did not include the details regarding the initial injury or prior treatments to date. Diagnoses include grade 3 lumbar spondylolisthesis with significant stenosis causing some bowel and bladder incontinence. Currently, she complained of low back pain with radiation into bilateral lower extremities. Medication was documented to relieve pain up to 90% and improve functional ability. On 7-6-2015, the physical examination documented lumbar muscle tenderness with muscle spasms and a positive straight leg raise test. The plan of care included Butrans 20mcg-hr #16; Inderal 20mg #60; Percocet 5-325mg #120; and an echocardiogram (EKG).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Butrans 20mcg/hr #16:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78, 86.

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

**Decision rationale:** According to the MTUS, with regards to using opioids for chronic pain they have been suggested for neuropathic pain that has not responded to first-line recommendations (antidepressants, anticonvulsants). There are not trials of long-term use. The use of opioids for chronic back pain appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16weeks), but also appears limited. The major concern about the use of opioids for chronic pain is that most randomized controlled trials have been limited to a short-term period (<70 days). This leads to a concern about confounding issues such as tolerance, opioid-induced hyperalgesia, long-range adverse effects such as hypogonadism and/or opioid abuse. The major goal of continued use is improved functional status. In this case the patient has not returned to work and the documentation doesn't support continued functional improvement. The continued use of this medication is not medically necessary.

**Inderal 20mg #60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Uptodate.com.

**Decision rationale:** The MTUS is silent regarding the use of Inderal for chronic pain. According to uptodate.com, Inderal is FDA approved for the management of hypertension; angina pectoris; pheochromocytoma; essential tremor; supraventricular arrhythmias (such as atrial fibrillation and flutter, AV nodal re-entrant tachycardia's), ventricular tachycardia's (catecholamine-induced arrhythmias, digoxin toxicity); prevention of myocardial infarction; migraine headache prophylaxis; symptomatic treatment of obstructive hypertrophic cardiomyopathy (formerly known as hypertrophic subaortic stenosis); treatment of proliferating infantile hemangioma requiring systemic therapy. The documentation indicates the patient is being actively treated with coreg which is an antihypertensive medication belonging to the same class of medication as Inderal. Given that the patient is already treated with an antihypertensive medication belonging to the beta blocker class, the use of Inderal is not medically necessary.

**Percocet 5/325mg #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78, 86.

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

**Decision rationale:** According to the MTUS, with regards to using opioids for chronic pain they have been suggested for neuropathic pain that has not responded to first-line recommendations (antidepressants, anticonvulsants). There are not trials of long-term use. The use of opioids for

chronic back pain appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16weeks), but also appears limited. The major concern about the use of opioids for chronic pain is that most randomized controlled trials have been limited to a short-term period (<70 days). This leads to a concern about confounding issues such as tolerance, opioid-induced hyperalgesia, long-range adverse effects such as hypogonadism and/or opioid abuse. The major goal of continues use is improved functional status. In this case the patient has not returned to work and the documentation doesn't support continued functional improvement. The continued use of this medication is not medically necessary.

**EKG:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation UptoDate.com.

**Decision rationale:** The MTUS is silent regarding the use of an EKG to monitor medications including butrans patch and percocet. According to UptoDate.com an ECG is not necessary for monitoring with regard to percocet or Butran's patch. The documentation doesn't show that the patient was having any symptoms concerning for active heart disease. There are no medications being prescribed that would cause an arrhythmia or a prolongation of the QT interval. The request for an ECG is not medically necessary. The medical necessity for an ECG is not made based on the documentation provided.