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| Case Number: | CM15-0167710 | | |
| Date Assigned: | 09/08/2015 | Date of Injury: | 03/12/2005 |
| Decision Date: | 10/22/2015 | UR Denial Date: | 07/31/2015 |
| Priority: | Standard | Application Received: | 08/26/2015 |

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 59-year-old female, with a reported date of injury of 03-12-2005. The mechanism of injury was not indicated in the medical records provided for review. The injured worker's symptoms at the time of the injury were not indicated. The diagnoses include chronic low back pain, status post lumbar back surgeries, failed back surgery syndrome, chronic neck pain, status post cervical fusion, failed neck surgery syndrome, status post spinal cord stimulator implant, and major depression. The treatments to date have included cognitive behavioral therapy, oral medications, topical pain medication, spinal cord stimulator, and a lumbar brace. The diagnostic and evaluation exams included urine drug screen on 05-11-2015 with inconsistent findings. According to the medical record dated 04-16-2015, the injured worker underwent an MRI of the cervical spine on 05-31-2005 which showed multilevel degenerative changes; an MRI of the thoracic spine on 06-30-2005 which showed degenerative changes; an MRI of the lumbar spine on 09-22-2005 which showed degenerative changes; x-rays of the lumbar spine on 12-16-2005; a CT scan of the lumbar spine on 06-16-2006 and 07-13-2006; a CT scan of the cervical spine on 01-04-2013 and 06-18-2013. The progress report dated 07-06-2015 indicates that the injured worker complained of neck pain, left shoulder pain, and low back pain. Her neck and left shoulder pain was rated 8 out of 10 without medications and 4 out of 10 with medications. The injured worker stated no change with her neck and low back pain condition. She reported increased numbness and tingling in the first three digits of the bilateral hands. The injured worker was having increased neck pain with radiation to the right shoulder. It was noted that the injured worker had better pain control with Duragesic patches every two days. She was

able to complete her activities of daily living with the current medications. There was documentation that the injured worker managed her medications well, analgesia pain with medications was moderate, the adverse effect was noted as constipation; and no aberrant behavior was noted. The physical examination showed no acute distress; decreased range of motion of the cervical spine; no evidence of cervical scoliosis; tenderness to palpation across the neck; no evidence of lumbar scoliosis; tenderness to palpation across the lower back; decreased lumbar range of motion; decreased grip strength in the left hand; decreased sensation in the left hand; diminished reflex in the bilateral lower extremities; and straight leg raise test elevated up to 90 degrees in the sitting position. The treatment plan included the prescription of Duragesic transdermal patch 50mcg per hour every two days for thirty days; Gabapentin 600mg #90, one tablet three times a day for thirty days, and Hydrocodone-Acetaminophen 10-325mg #180, one tablet six times a day as needed. The injured worker remained permanent and stationary. The treating physician requested Duragesic patches 50mcg per hour #15, Gabapentin 600mg #90, and Hydrocodone-Acetaminophen 10-325mg #180.

IMR ISSUES, DECISIONS AND RATIONALES

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

Duragesic patches 50 mcg/hr #15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Duragesic (fentanyl transdermal system), Opioids for chronic pain.

Decision rationale: The patient presents with pain in the low back, neck and the left shoulder. The request is for DURAGESIC PATCHES 50MCG/HR #15. Patient is status post neck surgery, date unspecified. Physical examination to the cervical spine on 07/06/15 revealed tenderness to palpation across the neck. Range of motion was noted to be limited. Per 06/08/15 progress report, patient's diagnosis include chronic low back pain s/p back surgeries x 2 for L3-4 and L4-5 L5-S1 lumbar fusion in 2006 and 2007, failed back surgery syndrome, chronic neck pain s/p fusion in 2005, failed neck surgery syndrome, status post Medtronic spinal cord stimulator implant at thoracic spine in 2011, and major depression. Patient's medications, per 05/11/15 progress report include Duragesic Patch, Norco, Skelexin, Neurontin, and Colace. Patient is permanent and stationary. MTUS Chronic Pain Medical Treatment Guidelines 2009, page 44, Duragesic (Fentanyl Transdermal System) section 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. MTUS, OPIOIDS FOR CHRONIC PAIN Section, pages 80 and 81 states "There are virtually no studies of opioids for treatment of chronic lumbar root pain with resultant radiculopathy," and for

chronic back pain, it "Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited." Treater has not discussed this request. The utilization review letter dated 07/31/15 has modified the request to #7 between 07/30/15 and 09/13/15. The patient has been prescribed Duragesic Patch since at least 02/17/15. MTUS requires appropriate discussion of the 4A's, however, in addressing the 4A's, treater does not discuss how Duragesic Patch significantly improves patient's activities of daily living with specific examples of ADL's. UDS results dated 06/08/15 showed inconsistent results for patient's medications and CURES were not discussed. Furthermore, MTUS does not support the use of opiates for chronic low back pain, only supporting it for a short-term relief. This request does not meet guideline recommendations and therefore, it IS NOT medically necessary.

Gabapentin 600 mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs).

Decision rationale: The patient presents with pain in the low back, neck and the left shoulder. The request is for GABAPENTIN 600MG #90. Patient is status post neck surgery, date unspecified. Physical examination to the cervical spine on 07/06/15 revealed tenderness to palpation across the neck. Range of motion was noted to be limited. Per 06/08/15 progress report, patient's diagnosis include chronic low back pain s/p back surgeries x 2 for L3-4 and L4-5 L5-S1 lumbar fusion in 2006 and 2007, failed back surgery syndrome, chronic neck pain s/p fusion in 2005, failed neck surgery syndrome, status post Medtronic spinal cord stimulator implant at thoracic spine in 2011, and major depression. Patient's medications, per 05/11/15 progress report include Duragesic Patch, Norco, Skelexin, Neurontin, and Colace. Patient is permanent and stationary. MTUS Chronic Pain Treatment Guidelines 2009, pg 18, 19, Specific Anti-Epilepsy Drugs section states: "Gabapentin (Neurontin, Gabarone, generic available) has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain." MTUS p 60 also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. Treater has not discussed reason for the request. The utilization review letter dated 07/31/15 has modified the request to 45 tablets between 07/30/15 and 09/13/15. In review of the medical records provided, a prescription for Gabapentin (Neurontin) was first note in progress report dated 02/17/15 and the patient has been utilizing this medication at least since then. However, the treater has not discussed how this medication significantly reduces patient's pain and helps with activities of daily living. MTUS page 60 states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. The request is not in accordance with guideline recommendations and therefore, IS NOT medically necessary.

Hydrocodone/Acetaminophen 10/325 mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Medications for chronic pain, Opioids, criteria for use.

Decision rationale: The patient presents with pain in the low back, neck and the left shoulder. The request is for HYDROCODONE/ACETAMINOPHEN 10/325MG #180. Patient is status post neck surgery, date unspecified. Physical examination to the cervical spine on 07/06/15 revealed tenderness to palpation across the neck. Range of motion was noted to be limited. Per 06/08/15 progress report, patient's diagnosis include chronic low back pain s/p back surgeries x 2 for L3-4 and L4-5 L5-S1 lumbar fusion in 2006 and 2007, failed back surgery syndrome, chronic neck pain s/p fusion in 2005, failed neck surgery syndrome, status post Medtronic spinal cord stimulator implant at thoracic spine in 2011, and major depression. Patient's medications, per 05/11/15 progress report include Duragesic Patch, Norco, Skelexin, Neurontin, and Colace. Patient is permanent and stationary. MTUS, CRITERIA FOR USE OF OPIOIDS Section, 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, CRITERIA FOR USE OF OPIOIDS Section, 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. MTUS, CRITERIA FOR USE OF OPIOIDS Section, p 77, states that "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS, MEDICATIONS FOR CHRONIC PAIN Section, page 60 states that "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity." MTUS, OPIOIDS FOR CHRONIC PAIN Section, pages 80 and 81 states "There are virtually no studies of opioids for treatment of chronic lumbar root pain with resultant radiculopathy," and for chronic back pain, it "Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited." MTUS, p 90 states, "Hydrocodone has a recommended maximum dose of 60mg/24 hrs." MTUS, MEDICATIONS FOR CHRONIC PAIN Section, pages 60 and 61 state the following: Before prescribing any medication for pain the following should occur: (1) determine the aim of use of the medication; (2) determine the potential benefits and adverse effects; (3) determine the patient's preference. The treater has not specifically discussed this request. The utilization review letter dated 07/31/15 has modified the request to #90 between 07/30/15 and 09/13/15. Review of the medical records provided indicates that the patient has been utilizing Norco since at least 02/17/15. However, there are no discussions in regards to Norco's impact on the patient's pain and function. No before and after pain scales are used for analgesia. No ADL's are discussed showing specific functional improvement. UDS test results dated 06/23/15 were inconsistent with patient's medications. There are no discussions on adverse effect and other measures of aberrant behavior. Outcome measures are not discussed and no validated instruments are used showing functional improvement as required by MTUS. Furthermore, MTUS does not support long-term use of opiates for chronic low back pain and on-going use of opiates does not appear appropriate for this patient's condition. The request IS NOT medically necessary.

