

<b>Case Number:</b>	CM15-0187384		
<b>Date Assigned:</b>	09/29/2015	<b>Date of Injury:</b>	01/23/1997
<b>Decision Date:</b>	12/02/2015	<b>UR Denial Date:</b>	08/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/23/2015

### 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: New York, California Certification(s)/Specialty: Emergency 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 female, who sustained an industrial injury on 1-23-1997. The injured worker is being treated for left cervical facet pain and left lumbar facet mediated pain. Treatment to date has included medications, radiofrequency medial branch neurotomy (2-09-2015). Current medications as of 8-10-2015 include Citalopram, Diazepam, Fentanyl, Senna, naproxen and Metamucil. Per the Primary Treating Physician's Progress Report dated 8-10-2015, the injured worker reported left sided neck pain and left lower back down left leg pain. She feels that her lumbar radiofrequency has started working well, providing about 80% relief of her low back pain. She has been able to increase her walking and has been overall more comfortable. In August, she states her neck pain has been getting worse with radiation down the left arm. Her activity level has declined and the pain level has increased. Objective findings included pain with extension and rotation of the cervical spine with stiffness. There was tenderness of the lumbar spine over the procedure site and positive left lumbar pain with extension and rotation. There was tenderness to the left sacroiliac joint. Per the medical records dated 3-02-2015 to 8-10-2015 there is no documentation of improvement in symptoms, increase in activities of daily living or decrease in pain level attributed to the current medication regimen. The notes from the doctor do not document efficacy of the prescribed medications. She is requesting a Fentanyl patch for increased pain in the neck. On 4-27-2015 Fentanyl was decreased by 25mcgper hour per day. She has been prescribed the requested medications since at least 3-22-2015. Work status was disabled. The plan of care included refill of medications and authorization was requested for Fentanyl 100mcg #30, Senna #180, Diazepam #60, Citalopram 20mg #30 and Metamucil #48.

On 8-27-2015, Utilization Review modified the request for Fentanyl 100mcg #30, Senna #180, Diazepam #60, Citalopram 20mg #30 and Metamucil #48.

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

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

**Fentanyl patches 100mcg #30 with 2 refill:** 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): Opioids, criteria for use, Opioids for chronic pain, Opioids, dosing, Opioids, specific drug list.

**Decision rationale:** CA MTUS, chronic pain guidelines, offer very specific guidelines for the ongoing use of narcotic pain medication to treat chronic pain. These recommendations state that the lowest possible dose be used as well as ongoing review and documentation of pain relief, functional status, appropriate medication use and its side effects. It also recommends that providers of opiate medication document the injured worker's response to pain medication including the duration of symptomatic relief, functional improvements, and the level of pain relief with the medications. The included documentation fails to include the above recommended documentation. The IW has been taking this medication for a minimum of 6 months. The records do not support specific functional improvement resulting from the use of this medication. There is no documentation of decreased reliance on medications. Additionally, the request includes 2 refills. This does not support ongoing assessment for functional improvement with the use of this medications. In addition, the request does not include dosing frequency or duration. The request for fentanyl patch analgesia is not medically necessary.

**Senna-S #180 with 1 refill:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain, Opioid-induced constipation treatment.

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

**Decision rationale:** CaMTUS chronic pain guidelines recommend prophylactic treatment of constipation when prescribing opiates for analgesia. The IW has been on opiate medications for a minimum of 8 months and has been taking stool softeners during this time. There is no documentation in the record relating the IW bowel habits. There is no reports of constipation, abdominal pain or abdominal examinations documented. Ongoing prescribing of Senna in the setting of narcotics is appropriate. However, opiate prescriptions should be closely monitored with ongoing assessments of functional improvements related to prescribed medications. As such, the ongoing use of a Senna is dependent upon the ongoing use of opiates. Additionally, the

request does not include dosing frequency or duration. Without this documentation, the request for Senna with refills is not medically necessary.

**Diazepam 10mg #60 with 1 refill:** 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): Benzodiazepines.

**Decision rationale:** Valium is a benzodiazepine. The CA MTUS chronic pain guidelines do recommend its use for long term therapy. Guidelines limit the use of valium to 4 weeks. Documentation supports the IW has been on this medication for a period much greater than 4 weeks. Documentation supports a minimum of 8 months of use. The current request includes one refill which suggest intention for longer term use than 4 weeks. Reviewed documentation does not include the IW improvement with the use of this medication. In addition, the request does not include dosing frequency. The request for valium is not medically necessary.

**Citalopram 20mg #30 with 1 refill:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain, SSRIs (selective serotonin reuptake inhibitors).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): SSRIs (selective serotonin reuptake inhibitors).

**Decision rationale:** Citalopram is a selective serotonin reuptake inhibitor (SSRI). According to MTUS guidelines, SSRIS are not recommended for the treatment of chronic pain. They do have a role treating secondary depression. The included records do not include the diagnosis for which this medication is being prescribed. Documentation does include records from mental health care provider visits. The diagnoses outlined does not include depression. The current request does not include dosing or frequency. Additionally, the request does includes a refill which does not support ongoing assessment of improvement with this medication. The record does not support this medication is being prescribed in accordance with MTUS guidelines. Without this, the request for citalopram is not medically necessary.

**Metamucil wafers #48 with 1 refill:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain, Opioid-induced constipation treatment.

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

**Decision rationale:** CaMTUS chronic pain guidelines recommend prophylactic treatment of constipation when prescribing opiates for analgesia. The IW has been on opiate medications for a minimum of 8 months and has been taking stool softeners during this time. There is no documentation in the record relating the IW bowel habits. There is no reports of constipation, abdominal pain or abdominal examinations documented. Ongoing prescribing of Metamucil in the setting of narcotics is appropriate. However, opiate prescriptions should be closely monitored with ongoing assessments of functional improvements related to prescribed medications. As such, the ongoing use of a Metamucil is dependent upon the ongoing use of opiates. Additionally, the request does not include dosing frequency or duration. Without this documentation, the request for Metamucil with refills is not medically necessary.