

<b>Case Number:</b>	CM15-0195039		
<b>Date Assigned:</b>	10/13/2015	<b>Date of Injury:</b>	07/24/2009
<b>Decision Date:</b>	11/12/2015	<b>UR Denial Date:</b>	09/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/05/2015

### 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 60 year old male, who sustained an industrial injury on 7-24-2009. The injured worker is undergoing treatment for: abdominal pain, low back pain. On 7-15-15, he reported groin and back pain. He rated his pain 5 out of 10 with medications and 10 out of 10 without medications. On 8-14-15, he reported left groin pain. He indicated he had been utilizing Duragesic total of 37mcg for "several years and that was working". The provider noted an increase in the dosage of Duragesic last month to 50mcg, however this is reported to have caused nausea and the injured worker was currently asking to decrease back to 37mcg. He is also indicated to be utilizing Oxycodone 4 tablets per day, which are indicated as working without side effects. He is reported to be unable to accomplish activities such as laundry or gardening; however is able to perform other activities of daily living such as drive and shop. He rated his current pain 2 out of 10 with medications and 8 out of 10 without medications. Physical examination revealed hypertension, abdomen with tenderness to the left lower quadrant and right lower quadrant. The treatment and diagnostic testing to date has included: psychological treatment, medications, multiple hernia surgeries, injections (February 2014), radiographic imaging. Medications have included: oxycodone-acetaminophen, fentanyl, alprazolam. The records indicate he has been utilizing oral opioid drugs, Fentanyl patches and Alprazolam (Xanax) since at least November 2014, possibly longer. Current work status: not documented. The request for authorization is for: Fentanyl 50mcg transdermal patch quantity 10; Oxycodone 15mg quantity 120; Xanax ER 0.5mg quantity 60; Drug screen qualitative, single drug class x6, random done 4 times a year; assay of urine creatinine; Fentanyl 25mcg transdermal patch

quantity 10 prescribed 8-14-15; Fentanyl 12mcg transdermal patch quantity 10 prescribed 8-14-15. The UR dated 9-4-2015: non-certified the requests for Fentanyl 50mcg transdermal patch quantity 10; Oxycodone 15mg quantity 120; Xanax ER 0.5mg quantity 60; Drug screen qualitative, single drug class x 6, random done 4 times a year; assay of urine creatinine; Fentanyl 25mcg transdermal patch quantity 10 prescribed 8-14-15; Fentanyl 12mcg transdermal patch quantity 10 prescribed 8-14-15.

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

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

#### **Fentanyl 50mcg transdermal patch #10 (retrospective prescribed 7/15/15): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Fentanyl.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. The MTUS states that opioids may be continued, (a) If the patient has returned to work, or (b) If the patient has improved functioning and pain. The patient reported this medication caused nausea at this dosage. Fentanyl 50mcg transdermal patch #10 (retrospective prescribed 7/15/15) is not medically necessary.

#### **Fentanyl 50mcg transdermal patch #10 (retrospective prescribed 8/14/15): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Fentanyl.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. The MTUS states that opioids may be continued, (a) If the patient has returned to work, or (b) If the patient has improved functioning and pain. The patient reported this medication caused nausea at this dosage. Fentanyl 50mcg transdermal patch #10 (retrospective prescribed 8/14/15) is not medically necessary.

#### **Oxycodone 15mg #120 (retrospective prescribed 7/15/15): Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, California Controlled Substance Utilization Review and Evaluation System (CURES) [DWC], Opioids (Classification), Opioids, criteria for use, Opioids, specific drug list.

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

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. The MTUS states that opioids may be continued, (a) If the patient has returned to work, or (b) If the patient has improved functioning and pain. The records document that this patient experienced significant functional improvement and pain relief as a result of the use of this medication. I am reversing the previous utilization review decision. Oxycodone 15mg #120 (retrospective prescribed 7/15/15) is medically necessary.

**Oxycodone 15mg #120 (retrospective prescribed 8/14/15):** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids (Classification), Opioids, California Controlled Substance Utilization Review and Evaluation System (CURES) [DWC], Opioids, criteria for use, Opioids, specific drug list.

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

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. The MTUS states that opioids may be continued, (a) If the patient has returned to work, or (b) If the patient has improved functioning and pain. The records document that this patient experienced significant functional improvement and pain relief as a result of the use of this medication. I am reversing the previous utilization review decision. Oxycodone 15mg #120 (retrospective prescribed 8/14/15) is medically necessary.

**Xanax ER 0.5mg #60 (retrospective prescribed 7/15/15):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines.

**Decision rationale:** Xanax (alprazolam) is a benzodiazepine medication used to treat anxiety and panic disorders. The MTUS states that benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Xanax ER 0.5mg #60 (retrospective prescribed 7/15/15) is not medically necessary.

**Xanax ER 0.5mg #60 (retrospective prescribed 8/14/15): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines.

**Decision rationale:** Xanax (alprazolam) is a benzodiazepine medication used to treat anxiety and panic disorders. The MTUS states that benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Xanax ER 0.5mg #60 (retrospective prescribed 8/14/15) is not medically necessary.

**Drug screen qualitative, single drug class x 6, random done 4 times a year: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Drug testing. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Urine drug testing (UDT).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Drug testing.

**Decision rationale:** The MTUS recommends using a urine drug screen to assess for the use or the presence of illegal drugs, a step to take before a therapeutic trial of opioids, to aid in the ongoing management of opioids, or to detect dependence and addiction. There is documentation in the medical record that a urine drug screen was to be used for one of the above indications. I am reversing the previous utilization review decision. Urine drug screen is medically necessary.

**Assay of urine creatine: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, specific drug list & adverse effects.

**Decision rationale:** According to the MTUS, the package inserts for NSAIDs recommend periodic lab monitoring of a CBC and chemistry profile (including liver and renal function tests). There has been a recommendation to measure liver transaminases within 4 to 8 weeks after starting therapy, but the interval of repeating lab tests after this treatment duration has not been established. The requested test is not listed as recommended to monitor a patient on the current drug regimen and there is no documentation in the medical record that the laboratory study is to be used for any of the above indications. Assay of urine creatinine is not medically necessary.

**Fentanyl 25mcg transdermal patch #10 (retrospective prescribed 8/14/15): Overturned**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Fentanyl.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. The MTUS states that opioids may be continued, (a) If the patient has returned to work, or (b) If the patient has improved functioning and pain. The records document that this patient experienced significant functional improvement and pain relief as a result of the use of this medication. I am reversing the previous utilization review decision. Fentanyl 25mcg transdermal patch #10 (retrospective prescribed 8/14/15) is medically necessary.

**Fentanyl 12 mcg transdermal patch #10 (retrospective 8/14/15): Overturned**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Fentanyl.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. The MTUS states that opioids may be continued, (a) If the patient has returned to work, or (b) If the patient has improved functioning and pain. The records document that this patient experienced significant functional improvement and pain relief as a result of the use of this medication. I am reversing the previous utilization review decision. Fentanyl 12 mcg transdermal patch #10 (retrospective 8/14/15) is medically necessary.