

<b>Case Number:</b>	CM15-0197314		
<b>Date Assigned:</b>	10/12/2015	<b>Date of Injury:</b>	02/17/2001
<b>Decision Date:</b>	11/20/2015	<b>UR Denial Date:</b>	09/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/07/2015

### 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

Certification(s)/Specialty: Anesthesiology

### 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 male, who sustained an industrial injury on 2-17-2001. The injured worker is undergoing treatment for: status post lumbar discectomy, status post lumbar fusion, lumbar foraminal stenosis, chronic pain syndrome, right lower extremity radiculopathy, cervical spine degenerative disc disease with disc collapse, right upper extremity radiculopathy. On 7-9-15, he reported pain to the neck, low back, right ankle and foot rated 9 out of 10 that was reduced to 5 out of 10 with medications. He indicated MS Contin was working better which was noted to result in Tramadol and Norco lasting longer. On 9-3-15, he reported pain to the right trapezius, center and right side of the low back with radiation down the right leg. He also reported spasms, burning, and numbness and tingling. He rated his pain 9 out of 10 at the highest, 4 out of 10 at the lowest, average 6 out of 10. Physical findings revealed an antalgic gait, neck range of motion noted as improved, and "good range of motion in the shoulders", decreased lumbar range of motion, weakness in the bilateral lower extremities and a decreased balance. Functional improvement is reported as having pain relief within 60 minutes after taking medications, relief lasting 1-2 hours, over the past month lowest pain rating 3 out of 10, highest 10 out of 10, average 6 out of 10. There is notation that without medications he would be restricted to 5 minutes of walking, 15 minutes of sitting, 5 minutes of standing, 1 hour of sleep; with medication he is reported to be able to walk for 10 minutes, sit for 15 minutes, stand for 20 minutes, and sleep for 2 hours. The provider noted he denied adverse side effects, and there are no aberrant behaviors. There is a notation of a signed treatment contract. The treatment and diagnostic testing to date has included: medications, home exercises, lumbar discectomy (May

2000), lumbar fusion (5-6-02), lumbar hardware removal (10-9-07), lumbar fusion revision (1-26-06), lumbar spinal cord trial failure (December 2011). Medications have included: MS Contin CR, Fentanyl 50mcg patch, Norco, Ultram, and Protonix. The records indicate he has been utilizing Norco, Ultram and MS Contin since at least May 2015, and Fentanyl since at least June 2015, possibly longer. Current work status: not documented. The request for authorization is for: MS Contin CR 30mg quantity 30, Norco 10-325mg quantity 150, Ultram 50mg quantity 150, and Fentanyl 50mcg patch quantity 10. The UR dated 9-14-2015: modified Ultram 50mg quantity 100, MS Contin CR 30mg quantity 15, Fentanyl 50mcg patch quantity 5, and Norco 10-325mg quantity 90.

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

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

**Ultram 50mg, #150: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Opioids.

**Decision rationale:** According to the California MTUS, Tramadol (Ultram) is a synthetic opioid, which affects the central nervous system and is indicated for the treatment of moderate to severe pain. Per CA MTUS Guidelines, certain criteria need to be followed, including an ongoing review and documentation of pain relief and functional status, appropriate medication use, and side effects. Pain assessment should include current pain: last reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid, and the duration of pain relief. In this case, there is insufficient evidence that the opioids were prescribed according to the CA MTUS guidelines, which recommend prescribing according to function, with specific functional goals, return to work, random drug testing, an opioid contract, and documentation of a prior failure of non-opioid therapy. In addition, the MTUS recommends urine drug screens for patients with poor pain control and to help manage patients at risk of abuse. In this case, there is documentation of increased function from the opioids used to date. However, there is a lack of evidence of a pain management consultation prior to increasing the total daily dose of opioid above 120 mg oral morphine equivalents. The opioids prescribed for this patient have not been prescribed according to the MTUS and that the results of use did not meet the requirements of the MTUS. Medical necessity of the requested opioid analgesic has not been established. Of note, discontinuation of Ultram should include a taper, to avoid withdrawal symptoms. This requested medication is not medically necessary.

**MS Contin CR 30mg, #30: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Opioids.

**Decision rationale:** According to ODG, chronic pain can have a mixed physiologic etiology of both neuropathic and nociceptive components. In most cases, analgesic treatment should begin with acetaminophen, aspirin, and NSAIDs. When these drugs do not satisfactorily reduce pain, opioids for moderate to severe pain may be added. According to ODG and MTUS, MS Contin (Morphine Sulfate Controlled-Release) is a controlled-release preparation that should be reserved for patients with chronic pain, who are in need of continuous treatment. The treatment of chronic pain with any opioid analgesic requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. A pain assessment should include current pain, intensity of pain after taking the opiate, and the duration of pain relief. For opioids, such as MS Contin, to be supported for longer than 6 months, there must be documentation of decreased pain levels and functional improvement. In this case, there is documentation of increased function from the opioids used to date. However, there is a lack of evidence of a pain management consultation prior to increasing the total daily dose of opioid above 120 mg oral morphine equivalents. The opioids prescribed for this patient have not been prescribed according to the MTUS and that the results of use did not meet the requirements of the MTUS. Medical necessity of the requested opioid analgesic has not been established. Of note, discontinuation of MS Contin should include a taper, to avoid withdrawal symptoms. This requested medication is not medically necessary.

**Fentanyl 50mcg patch, #10:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Duragesic (fentanyl transdermal system), Opioids (Classification).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Opioids.

**Decision rationale:** Fentanyl is an opioid analgesic with a potency of eighty times that of Morphine. According to ODG, chronic pain can have a mixed physiologic etiology of both neuropathic and nociceptive components. In most cases, analgesic treatment should begin with acetaminophen, aspirin, and NSAIDs. According to ODG and MTUS, Fentanyl is a long-acting narcotic analgesic used to manage both acute and chronic pain. Fentanyl transdermal (Duragesic) patches are indicated for the management of persistent chronic pain, which is moderate to severe requiring continuous, around-the-clock opioid therapy. Duragesic patches should only be used in patients who are currently on opioid therapy for which tolerance has developed. Patches are worn for a 72-hour period. In this case, the treatment of chronic pain with any opioid analgesic requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. A pain assessment should include current pain, intensity of pain after taking the opiate, and the duration of pain relief. The Duragesic patches, along with the other prescribed opiates, exceed the recommended Morphine Equivalent Dosage (MED) limit for non-malignant pain. Medical necessity of the requested medication has not been established. Of note, discontinuation of an opioid analgesic should include a taper to avoid withdrawal symptoms. The requested medication is not medically necessary.

**Norco 10/325mg, #150:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Opioids.

**Decision rationale:** According to the CA MTUS and ODG, Norco 10/325mg (Hydrocodone/Acetaminophen) is a short-acting opioid analgesic indicated for moderate to moderately severe pain, and is used to manage both acute and chronic pain. The treatment of chronic pain with any opioid analgesic requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. A pain assessment should include current pain, intensity of pain after taking the opiate, and the duration of pain relief. In this case, there is insufficient evidence that the opioids were prescribed according to the CA MTUS guidelines, which recommend prescribing according to function, with specific functional goals, return to work, random drug testing, an opioid contract, and documentation of a prior failure of non-opioid therapy. In addition, the MTUS recommends urine drug screens for patients with poor pain control and to help manage patients at risk of abuse. In this case, there is documentation of increased function from the opioids used to date. However, there is a lack of evidence of a pain management consultation prior to increasing the total daily dose of opioid above 120 mg oral morphine equivalents. The opioids prescribed for this patient have not been prescribed according to the MTUS and that the results of use did not meet the requirements of the MTUS. Medical necessity of the requested opioid analgesic has not been established. Of note, discontinuation of Norco should include a taper, to avoid withdrawal symptoms. This requested medication is not medically necessary.