

<b>Case Number:</b>	CM15-0025163		
<b>Date Assigned:</b>	02/17/2015	<b>Date of Injury:</b>	07/13/2001
<b>Decision Date:</b>	04/10/2015	<b>UR Denial Date:</b>	01/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/10/2015

### 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: Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 54-year-old male sustained an industrial injury on 7/13/01, with subsequent ongoing mid and low back pain. Magnetic resonance imaging lumbar spine (2/2/12) showed disc herniation at L5-S1, mild neuroforamina stenosis, mild theca sac effacement, with degenerative changes throughout and facet arthropathy at L4-5 and L5-S1. Treatment plan included medications, physical therapy, epidural steroid injections and medial branch blocks. In a PR-2 dated 12/10/14, the injured worker complained of ongoing low and mid back pain with radiation into bilateral thighs. Physical exam was remarkable for lumbar spine with tenderness to palpation to the paraspinal muscles with spasms and painful, restricted range of motion, positive lumbar discogenic provocative maneuvers, positive right sacroiliac provocative maneuvers, strength 5/5 to bilateral lower extremities except 4/5 to the right extensor hallucis longus. Clonus, Babinski's and Hoffman's signs were absent bilaterally. Current diagnoses included lumbar post laminectomy syndrome, lumbar disc protrusion, right sacroiliac joint pain, lumbar facet joint arthropathy, lumbar stenosis and lumbar sprain/strain. The treatment plan included lumbar spine transforaminal epidural steroid injection and continuing medications (Percocet, Soma, Ambien, Fentanyl patch and Docusate Sodium). The physician noted that the injured worker had 50% improvement of activities of daily living and was able to reduce his Percocet following epidural steroid injection on 6/21/13. The 4/23/2014 UDS was consistent with prescribed Fentanyl. On 1/15/15, Utilization Review noncertified a request for Fortesta 10mg #1 month supply, Fentanyl patch 50mcg #10, Soma 350mg #60, Ambien 10mg #30 and right L5-S1 transforaminal epidural steroid injection with sedation under fluoroscopic guidance citing ACOEM, ODG and CA

MTUS Chronic Pain Medical Treatment Guidelines. As a result of the UR denial, an IMR was filed with the Division of Workers Comp.

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

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

**Fortesta 10mg #1 month supply:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Testosterone replacement.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Opioids.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that opioids can be utilized for the treatment of severe musculoskeletal pain. The chronic use of high dose opioids can be associated with the development of decreased testosterone levels, erectile dysfunction and hypogonadism. The records did not show laboratory results of decreased testosterone levels. There is no documentation of the indications for use of Fortesta- a testosterone like product. The criteria for the use of Fortesta 10mg #1 1 month supply was not met.

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

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids - Fentanyl (transdermal).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Opioids.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that opioids can be utilized for the treatment of severe musculoskeletal pain that did not respond to standard treatment with NSAIDs and PT. The chronic use of opioids is associated with the development of tolerance, dependency, sedation, addiction, opioid induced hyperalgesia and adverse interaction with sedative medications. The guidelines require the documentation of compliance monitoring with serial UDS, absence of aberrant behavior and functional restoration. The guidelines require that Fentanyl be reserved for the treatment of cancer pain or for non malignant pain in patients who are tolerant or cannot utilize oral opioids. The records did not show that the patient is tolerant or could not utilize oral opioid medication. The patient is utilizing several sedative medications concurrently. The criteria for the use of Fentanyl 50mcg/hr patch #10 was not met.

**Right L5-S1 transforaminal epidural steroid injection with sedation under fluoroscopic guidance:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain - ESI.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.29.5 Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Low and Upper Back.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that lumbar epidural steroid injection can be utilized for the treatment of lumbar radiculopathy when conservative treatments with medications and PT have failed. The records indicate that the patient had subjective, objective and radiological findings consistent with the diagnosis of lumbar radiculopathy. The patient have completed and failed conservative treatment with PT and medications. There is documentation of significant pain relief, functional restoration and reduction in medications utilization following the last epidural injections in 2013. The criteria for right L5-S1 transforaminal epidural steroid injection with sedation under fluoroscopic guidance was met.

**Soma 350mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Soma and Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain chapter, Opioids for chronic pain.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 992.24.2 Page(s): 29,65. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Muscle Relaxants.

**Decision rationale:** The CA MTUS and the ODG recommend that muscle relaxants can be utilized for short term treatment of exacerbation of musculoskeletal pain that did not respond to standard treatment with NSAIDs and PT. The chronic use of muscle relaxants is associated with the development of tolerance, dependency, sedation, addiction and adverse interaction with opioids and sedative medications. The use of Soma is associated with increased risk of adverse effects because of the anesthetic effects of meprobamate, the active metabolite. The records indicate that the patient had utilized Soma longer than the guidelines recommended maximum period of 4 weeks. The UDS reports did not show the presence of Soma. There is concurrent use of multiple medications with sedative. The criteria for the use of Soma 350mg #60 was not met.

**Ambien 10mg #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain chapter (Chronic), Zolpidem.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Mental Illness and Stress.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that sedative sleep medications can be utilized for short term periods for the treatment of insomnia when non medication sleep hygiene measures have failed. The guidelines recommend that sleep disorders be investigated for correctable causes and exacerbating factors. The chronic use of sleep medications is associated with the development of tolerance, dependency, addiction, daytime somnolence, sleep-wake cycle disruption and adverse interaction with other sedatives. The records indicate that the patient had utilized Ambien longer than the guidelines recommended maximum period of 4 to 6 weeks. The criteria for the use of Ambien 10mg #30 was not met.