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| <b>Case Number:</b>   | CM15-0030866 |                              |            |
| <b>Date Assigned:</b> | 02/25/2015   | <b>Date of Injury:</b>       | 11/29/1996 |
| <b>Decision Date:</b> | 04/09/2015   | <b>UR Denial Date:</b>       | 02/16/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 02/19/2015 |

### 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:

This 56 year old female sustained an industrial injury on 11/29/96, with subsequent ongoing low back pain. No recent magnetic resonance imaging was available for review. In a PR-2 dated 1/28/15, the injured worker complained of ongoing low back pain with radiation to bilateral hips and right lower extremity. The injured worker rated her pain 10/10 on the visual analog scale without medications and 6-7/10 with medications. The injured worker reported that the current medication allowed her to continue working 45 hours a week and commute 3 hours each day. No physical exam was included in the assessment. Current diagnoses included degenerative desiccation at L3-r and L4-5 with right lower extremity radiculitis. The treatment plan included continuing medications: Fentanyl, Percocet, Mobic, Skelaxin, Zolofl and Ambien. On 2/13/15, Utilization Review modified a request for Percocet 10/325mg #90 to Percocet 10/325mg #45 and Fentanyl 50mcg/hr patch, #15 to Fentanyl 50mcg/hr patch, #8, citing 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:

**Fentanyl 50mcg/hr patch, #15:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78, 93, 124.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

**Decision rationale:** The 56 year old patient complains of ongoing pain in the lower back that radiates to bilateral hips and right thigh, rated at 10/10 without medications and 6-7/10 with medications, as per progress report dated 01/28/15. The request is for FENTANYL 50 mcg / hr PATCH # 15. The RFA for the case is dated 01/28/15, and the patient's date of injury 11/29/96. Medications included Mobic, Skelaxin, Zolof, Ambien, Topamax, Percocet and Fentanyl patch, as per progress report dated 01/28/15. Diagnoses included degenerative disc disease at L3-4 and L4-5 with right lower extremity radiculitis. The patient is working, as per the same progress report. 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 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. In this case, the patient has been using the Fentanyl patch at least since 06/25/14. In progress report dated 01/28/15, the treater states that medications help reduce the patient's pain from 10/10 to 6-7/10. They also help her with activities of daily living. Medications "allow her to continue working 45 hours a week and commute three hours each day to and from work. Without medications the patient will not be able to tolerate it," says the treater, thereby indicating high function. The patient also remains active in taking care of her home and her family. The report also notes that there are no side effects or aberrant behavior. A UDS report dated 09/29/14 is consistent with opioid use. Given the clear discussion regarding the 4As, including analgesia, ADLs, adverse side effects, and adverse behavior, the request IS medically necessary.

**Percocet 10/325mg #90:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78, 124.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

**Decision rationale:** The 56 year old patient complains of ongoing pain in the lower back that radiates to bilateral hips and right thigh, rated at 10/10 without medications and 6-7/10 with medications, as per progress report dated 01/28/15. The request is for PERCOCET 10/325 mg # 90. The RFA for the case is dated 01/28/15, and the patient's date of injury 11/29/96. Medications included Mobic, Skelaxin, Zolof, Ambien, Topamax, Percocet and Fentanyl patch, as per progress report dated 01/28/15. Diagnoses included degenerative disc disease at L3-4 and L4-5 with right lower extremity radiculitis. The patient is working, as per the same progress report. 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 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. In this case, the patient has been taking Percocet at least since 06/25/14. In progress report dated 01/28/15, the treater states that medications help reduce the patient's pain from 10/10 to 6-7/10. They also help her with activities of daily living. Medications allow her to continue working 45 hours a week and commute three hours each day to and from work. Without medications the patient will not be able to tolerate it, says the treater, thereby indicating high function. The patient also remains active in taking care of her home and her family. The report also notes that there are no side effects or aberrant behavior. A UDS report dated 09/29/14 is consistent with opioid. Given the clear discussion regarding the 4As, including analgesia, ADLs, adverse side effects, and adverse behavior, the request IS medically necessary.