

Case Number:	CM15-0041259		
Date Assigned:	03/11/2015	Date of Injury:	11/11/2008
Decision Date:	04/24/2015	UR Denial Date:	02/20/2015
Priority:	Standard	Application Received:	03/04/2015

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:

The injured worker is a 54 year old male, who sustained an industrial injury on 11/11/2008. He reported injury to the low back. The injured worker was diagnosed as having lumbago; lumbar facet arthropathy; lumbar radiculitis; and lumbar degenerative disc disease. Treatment to date has included medications, heat, physical therapy, and surgical intervention. Medications have included Norco, Fentanyl patch, Baclofen, Oxycontin, Soma, and Lunesta. A progress note from the treating provider, dated 02/10/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of worsening uncontrolled low back pain with radiation to the bilateral lower extremities; heating pad is helpful; pain is rated at 8/10 on the visual analog scale; and he is requesting a referral to a spinal surgeon for evaluation. Objective findings included lumbar spine tenderness with sensory deficits in the bilateral lower extremities; slow ambulation; and severely decreased range of motion of the back. The treatment plan of care includes referral for spinal surgeon and continuation of prescription medications. Request is being made for Fentanyl patch 100 mcg, thirty count; Lunesta 1 mg, 45 count; and Baclofen 10 mg, thirty count.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fentanyl patch 100 mcg, thirty count: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS, specific drug list for Fentanyl transdermal (Duragesic; generic available) Page(s): 88-89, 93.

Decision rationale: The 2/20/15 Utilization Review letter states the Fentanyl patch 100mcg #30 requested on the 2/11/15 RFA and corresponding 2/10/15 progress note was modified for weaning because the patient is on extremely high dosage of opioids and the quantified functional benefits do not justify the dosage. The patient is reported to be taking OxyContin ER 30mg, bid; Fentanyl patches 100mcg/hr, 2 patches every 48 hours; Norco 10/325mg 1-2 tablets q 4 hours. The 1/14/15 pain management report states the patient presents with low back pain 8/10 and worsening with medications, Fentanyl patch 100mcg, #30, oxycontin 20mg, #60, Norco 10/325mg #300, Zanaflex 4mg #60. His diagnoses include: Lumbago; lumbar DDD; lumbar facet arthropathy; lumbar radiculitis. The 2/10/15 pain management report states the back pain is still 8/10 with medications and that he has some benefit with use of a heating pad. The report states he has 50% relief with medications and can walk mile. He is reported to have an SCS with benefit for radicular pain. MTUS Chronic Pain Medical Treatment Guidelines, page 88-89 for Opioids, long-term assessment, CRITERIA FOR USE OF OPIOIDS Long-term Users of Opioids (6-months or more) provides the criteria Document pain and functional improvement and compare to baseline. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. 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 93, Opioids, specific drug list for Fentanyl transdermal (Duragesic; generic available) states: Indicated for management of persistent chronic pain, which is moderate to severe requiring continuous, around-the-clock opioid therapy. The pain cannot be managed by other means (e.g., NSAIDS). Note: Duragesic should only be used in patients who are currently on opioid therapy for which tolerance has developed. The patches should be applied to INTACT skin only. Side Effects: See opioid adverse effects. Analgesic dose: The previous opioid therapy for which tolerance has occurred should be at least equivalent to fentanyl 25mcg/h. Patches are worn for a 72 hour period. (Product information, [REDACTED]) The MTUS guidelines state Fentanyl patches are worn for a 72-hour period. The use of 100 mcg/hr patches, 2-patches every 48 hours exceeds MTUS recommendations. Furthermore, the available medical reports did not document pain or functional improvement compared to a baseline using a numerical scale or validated instrument. There was no reporting to suggest a satisfactory response with decreased pain or improved function or quality of life. The MTUS criteria for continued use of opioids for long-term has not been met. Based on the available reports, the request for Fentanyl patches 100mcg #30, IS NOT medically necessary.

Lunesta 1 mg, 45 count: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines pain chapter, for Insomnia treatment pain chapter, for Eszopicolone (Lunesta).

Decision rationale: The 2/20/15 Utilization Review letter states the Lunestra 1mg, #45 requested on the 2/11/15 RFA and corresponding 2/10/15 progress note was modified to allow #30 tablets for weaning because guidelines do not allow chronic use of sleep medications such as Lunestra. The 1/14/15 pain management report states the patient presents with low back pain 8/10 and worsening with medications, Fentanyl patch 100mcg, #30, oxycontin 20mg, #60, Norco 10/325mg #300, Zanaflex 4mg #60. His diagnoses include: Lumbago; lumbar DDD; lumbar facet arthropathy; lumbar radiculitis. The 2/10/15 pain management report states the back pain is still 8/10 with medications and that he has some benefit with use of a heating pad. The report states he has 50% relief with medications and can walk mile. He is reported to have an SCS with benefit for radicular pain. MTUS/ACOEM guidelines do not discuss use of Lunestra. ODG guidelines were consulted. ODG pain chapter, for Insomnia treatment: states Recommend that treatment be based on the etiology and Failure of sleep disturbance to resolve in a 7 to 10 day period may indicate a psychiatric and/or medical illness. ODG pain chapter, for Eszopicolone (Lunesta) states: Not recommended for long-term use, but recommended for short-term use. According to the ODG guidelines treatment of insomnia is based on etiology. The medical reports do not detail the cause of the patients sleep disturbance. ODG guidelines state there may be psychiatric or medical illness if the sleep disturbance does not resolve in 7-10 days. A 7-10 day supply of Lunestra may be appropriate as a trial, but the request for #45 tablets suggest longer term use which does not appear to be in accordance with ODG guidelines. Therefore, the request for Lunestra 1mg, #45 IS NOT medically necessary.

Baclofen 10 mg, thirty count: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66.

Decision rationale: The 2/20/15 Utilization Review letter states the Baclofen 10mg #30 requested on the 2/11/15 RFA and corresponding 2/10/15 progress note was denied because; The 1/14/15 pain management report states the patient presents with low back pain 8/10 and worsening with medications, Fentanyl patch 100mcg, #30, oxycontin 20mg, #60, Norco 10/325mg #300, Zanaflex 4mg #60. His diagnoses include: Lumbago; lumbar DDD; lumbar facet arthropathy; lumbar radiculitis. The 2/10/15 pain management report states the back pain is still 8/10 with medications and that he has some benefit with use of a heating pad. There is no report of acute exacerbation of chronic LBP. The report states he has 50% relief with medications and can walk mile. He is reported to have an SCS with benefit for radicular pain. The use of Baclofen is noted on the 2/10/15 report medication list, but was not on the 1/12/15 report or the 2/03/15 report. There is no discussion of use or efficacy of Baclofen. The report notes the patient did use Soma for sleep with Ambien, but has since discontinued Soma. The report stated Soma worked better than Zanaflex. The report states Baclofen 10mg, is being prescribed 1-2 tablets a day for 30 days, #60. MTUS Chronic Pain Medical Treatment Guidelines, page 63-66 for Muscle Relaxants (for pain) states Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. MTUS guidelines recommend short-term use of muscle relaxants such as Baclofen for acute exacerbations in patients with chronic low back

pain. The patient has chronic back pain, but the current reporting from 2/10/15 does not describe an acute exacerbation. The request for Baclofen is not in accordance with MTUS guidelines. The request for Baclofen 10mg #30 IS NOT medically necessary.