

<b>Case Number:</b>	CM14-0118660		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	05/31/2011
<b>Decision Date:</b>	10/06/2014	<b>UR Denial Date:</b>	07/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/29/2014

### 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. The expert reviewer is Board Certified in Occupational Medicine, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 57-year-old female who has submitted a claim for 1) chronic low back pain due to degenerative disc disease at L2/L3 and L5/S1 vs. discogenic pain, discogenic pain and lumbar spondylosis at multiple levels, 3) myofascial pain/spasm, 4) left knee pain s/p TKA with exacerbation, and 5) right thumb pain from injury/fall associated with an industrial injury date of May 31, 2011. Medical records from 2014 were reviewed, which showed that the patient complained of low back pain, left knee pain and right thumb pain. Examination revealed tenderness in the paralumbar muscles and absence of new neurologic deficit. No further physical examination findings related to the case were available. Treatment to date has included medications, physical therapy, lumbar medial branch blocks, radiofrequency ablation of the lumbar medial branches left, left S1 injection, and home exercise. A baseline UDS done on 5/15/2012 revealed consistent results. Utilization review from July 17, 2014 denied the request for Baclofen 20mg #90, Percocet 5/325 #90, Duexis #90, Sonata 10mg #30 and Trial: Abstral 400gm #32. The request for Baclofen was denied because its use is not supported by the guidelines. The request for Percocet was modified to a lower number of pills because there was no information on how it was being used. The request for Sonata was denied because there was no documentation of the patient's sleep problem or recommendation for non-pharmacologic approaches. The request for Duexis was denied because of absent GI issues. The request for Abstral was denied because its use is not supported by the guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Baclofen 20mg #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-spasticity Section, Baclofen, Page(s): 64.

**Decision rationale:** As stated on page 64 of CA MTUS Chronic Pain Medical Treatment Guidelines, Baclofen, an anti-spasticity drug was recommended for the treatment of spasticity and muscle spasms related to multiple sclerosis and spinal cord injuries. In this case, patient has been taking Baclofen since January 2014. However, the provided records do not indicate that the patient has either spasticity or muscle spasm. The reason for the intake of baclofen is unknown and as with the information currently at hand, there is no reason to continue giving it to the patient. Therefore, the request for BACLOFEN 20 MG #90 is not medically necessary.

**Percocet 5/325 #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines When to continue Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Ongoing Management, Page(s): 78-81.

**Decision rationale:** As stated on pages 78-80 of CA MTUS Chronic Pain Medical Treatment Guidelines, there are no trials of long-term opioid use in neuropathic pain. Failure to respond to a time-limited course of opioids has led to the suggestion of reassessment and consideration of alternative therapy. Four domains have been proposed as most relevant for ongoing monitoring of CHRONIC pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, the patient had been taking Percocet for breakthrough pain while the patient was also on Nucynta and Duexis. However, there is no record to indicate an objective improvement in the patient secondary to this drug in terms of pain reduction and improvement in functionality. There is neither a documentation of a plan to taper the medication nor evidence of a trial to use the lowest possible dose when pain is already controlled. The side effects of the opioids were not adequately explored or documented. The medical necessity for continued use is not established because the guideline criteria are not met. Therefore, the request for Percocet 5/325 #90 is not medically necessary.

**Duexis #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS  
Page(s): 67-68.

**Decision rationale:** Duexis is a combination of famotidine and ibuprofen. Pages 67 to 68 of the CA MTUS Chronic Pain Guidelines state that NSAIDs are effective, although they can cause gastrointestinal irritation or ulceration. Studies have shown that when NSAIDs are used for more than a few weeks, they can retard or impair bone, muscle, and connective tissue healing, thus, it is only indicated for short-term use. In addition, ODG states that there is inconsistent evidence for the use of these medications to treat long-term neuropathic pain, but they may be useful to treat breakthrough pain. In this case, the patient has been on NSAID medication (Ibuprofen in the form of Duexis) since at least January 2014. Long-term use of NSAID is not recommended. Guidelines state there is inconsistent evidence for this medication's use for neuropathic pain. There was no mention regarding the use of alternate first-line NSAID medications. Moreover, the patient did not have any GI complaint or any risk factor for a gastrointestinal event to warrant the use of an H2 blocker along with an NSAID. The medical necessity has not been established. Furthermore, the present request failed to specify the dosage to be dispensed. Therefore, the request for Duexis #90 is not medically necessary.

**Sonata 10mg #30:** 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 (ODG) Mental Illness and Stress Chapter, Insomnia Treatment

**Decision rationale:** The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, ODG was used instead. According to ODG, Zaleplon (Sonata) reduces sleep latency. It has a rapid onset of action and short half-life. Short-term use (7-10 days) is indicated, showing effectiveness for up to 5 weeks. Furthermore, guidelines do not support long-term use of this medication. In this case, the patient has been on this medication since at least January 2014 making its use already considered long term and not recommended by the guidelines. Moreover, recent progress notes did not explore whether the sleeping issues are present and whether non-pharmacologic means of dealing with sleep issues, if they are present, were explored. Therefore, the request for Sonata 10mg #30 is not medically necessary.

**Trial: Abstral 400 ugm #32:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Fentanyl,  
Page(s): 93.

**Decision rationale:** Page 93 of the CA MTUS Chronic Pain Guidelines state that Fentanyl transdermal is 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). It should only be used in patients who are currently on opioid therapy for which tolerance has developed. In this case, the patient has persistent chronic pain, of unknown severity but which requires continuous around-the clock opioid therapy. As it appears by the persistence of pain, it cannot be managed by other means (the patient was also on Ibuprofen). However, there is no indication that tolerance to opioid therapy had developed. Moreover, the guidelines mention that patches are worn for 72 hours. The present request asked for 32 patches, which would translate to 96 days. A trial of this long may already be deemed too long and a shorter period of time may be more advisable. Because of the lack of evidence of opioid tolerance and excessive amount of pills to be described, the request for Trial: Abstral 400gm #32 is deemed not medically necessary.