

<b>Case Number:</b>	CM14-0159782		
<b>Date Assigned:</b>	10/03/2014	<b>Date of Injury:</b>	03/30/2007
<b>Decision Date:</b>	10/30/2014	<b>UR Denial Date:</b>	09/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/29/2014

### 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 Physical Medicine and Rehabilitation and Pain Medicine, has a subspecialty in Pain 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:

This is a 50-year-old female who sustained a remote industrial injury on 03/20/07 diagnosed with lumbar facet syndrome, herniated nucleus pulposus, lumbar pain with radiculopathy, chronic opioid dependency, and bilateral sacroiliac joint dysfunction. Mechanism of injury is not specified in the documents provided. The requests for Fentanyl 25mcg/h one topically every 72 hours #10, Norco 10/325 mg 1 po QID PRN #120, refill 1, and Fentanyl 12mcg/h one topically every 72 hours #10 were non-certified at utilization review due to the lack of documentation of quantitative pain assessments and functional gains as a result of medication use, the lack of a current pain contract on file, and the lack of urine drug screen results to reveal the patient's compliance. The request for Cymbalta 60 mg 1 PO daily #30, refill 3 was also non-certified at utilization review due to the lack of documentation of quantitative pain assessments and functional gains as a result of utilizing this medication. Although this utilization review references the most recent exam dated 08/14/14, the most recent progress note provided in the documents submitted is 05/22/14. Patient complains primarily of chronic back pain radiating to the buttocks and hamstrings, along with cramping, pins and needles, and burning in the posterior left leg down to the heel and some cramping in the right hamstrings. Patient also reports numbness in the left big toe. The pain is rated as a 4/10. Physical exam findings reveal the patient is unable to stand on her left toe secondary to weakness and unable to walk on her left heel secondary to heel drop, left EHL and gastrocnemius strength of 3/5 bilaterally, decreased sensation over the left L4-5 dermatome, and patellar reflexes are 2/4 bilaterally with Achilles reflexes at zero. Current pain medications include: Fentanyl patch 25mcg plus 12mcg every 72 hours, Hydrocodone 10/325mg one to 4 tablets per day as needed, Cymbalta 90mg daily, Trazodone 100mg 1-3 tablets at bedtime as needed, Tizanidine 2mg 1-2 per day, Bupropion

150mg daily, Advil 200 mg as needed, and Flexeril. It is noted that the patient has been decreasing her medications and the pain medications provide moderate relief. Provided documents include previous progress reports that reveal the patient has been taking the requested medications since at least 09/24/13, a report of psychological testing, and an agreed medical reevaluation dated 08/18/14. This reevaluation highlights that the patient's treatment has been complicated by a frequent change in doctors and it appears her medications have not been appropriately monitored. The patient also notes that she has not yet tried to get off of Cymbalta so it is not clear whether this medication is necessary. The patient's previous treatments include SI joint injections, bursa injections, epidural steroid injections, physical therapy, and medications. Imaging reports are not provided.

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

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

#### **Fentanyl 25mcg/h one topically every 72 hours #10: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Duragesic (fentanyl transdermal system).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-80.

**Decision rationale:** According to MTUS guidelines, on-going management of opioids consists of "ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects." In this case, the treating physician does not quantifiably document any functional improvement or pain relief with visual analog scale scores pre- and post-opioid use even though the patient has been prescribed this opioid for over one year. There is also no documentation of a urine drug screen performed to monitor compliance and screen for aberrant behavior. Lastly, the combined daily morphine equivalent dose exceeds the 100 MED recommended by guidelines. Due to this lack of satisfying the "4 A's," the ongoing use of chronic opioids is not being supported by MTUS guidelines the request of Fentanyl 25mcg/h one topically every 72 hours #10 is not medically necessary.

#### **Norco 10/325mg 1 po QID PRN #120, refill 1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, on-going management.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Page(s): 76-80.

**Decision rationale:** According to MTUS guidelines, on-going management of opioids consists of "ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects." In this case, the treating physician does not quantifiably document any functional improvement or pain relief with visual analog scale scores pre- and post-opioid use even though the patient has been prescribed this opioid for over one year. There is also no

documentation of a urine drug screen performed to monitor compliance and screen for aberrant behavior. Lastly, the combined daily morphine equivalent dose exceeds the 100 MED recommended by guidelines and refills are not supported because ongoing monitoring of analgesic effect and aberrant behavior is necessary for ongoing use. Due to this lack of satisfying the "4 A's," the ongoing use of chronic opioids is not being supported by MTUS guidelines the request of Norco 10/325 mg 1 po QID PRN #120, refill is not medically necessary.

**Cymbalta 60mg 1 PO daily #30, refill 3: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Duloxetine (Cymbalta).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain, Duloxetine (Cymbalta) Page(s): 13-16,43-44.

**Decision rationale:** Utilization of antidepressants and antiepileptic's are endorsed by evidence-based medicine criteria as a treatment option for chronic pain, particularly that which is neuropathic in nature. In regards to antidepressants, MTUS guidelines state, "Assessment of treatment efficacy should include not only pain outcomes, but also an evaluation of function, changes in use of other analgesic medication, sleep quality and duration, and psychological assessment." Provided documentation identifies the patient has been prescribed Cymbalta for over one year but no functional benefit, including sleep quality and duration, is documented as a result of this medication. Further, it is noted in the Agreed Medical Reevaluation that it is unclear whether the patient is benefitting from the use of this medication. Lastly, refills are not supported because ongoing monitoring of analgesic effect and aberrant behavior is necessary for ongoing use. As such, the medical necessity of an antidepressant is not supported and the request of Cymbalta 60 mg 1 PO daily #30, refill 3 is not medically necessary.

**Fentanyl 12mcg/h one topically every 72 hours #10: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Duragesic (fentanyl transdermal system).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-80.

**Decision rationale:** According to MTUS guidelines, on-going management of opioids consists of "ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects." In this case, the treating physician does not quantifiably document any functional improvement or pain relief with visual analog scale scores pre- and post-opioid use even though the patient has been prescribed this opioid for over one year. There is also no documentation of a urine drug screen performed to monitor compliance and screen for aberrant behavior. Lastly, the combined daily morphine equivalent dose exceeds the 100 MED recommended by guidelines. Due to this lack of satisfying the "4 A's," the ongoing use of chronic opioids not being supported by MTUS guidelines the request of Fentanyl 12mcg/h one topically every 72 hours #10 is not medically necessary.

