

<b>Case Number:</b>	CM14-0185198		
<b>Date Assigned:</b>	11/13/2014	<b>Date of Injury:</b>	11/03/2004
<b>Decision Date:</b>	12/19/2014	<b>UR Denial Date:</b>	10/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/06/2014

### 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 applicant is a represented [REDACTED] employee who has filed a claim for low back pain reportedly associated with an industrial injury of November 3, 2004. Thus far, the applicant has been treated with the following: Analgesic medications; long- and short-acting opioids, psychotropic medications; and transfer of care to and from various providers in various specialties. In a Utilization Review Report dated October 14, 2014, the claims administrator denied a request for fentanyl patches, approved a request for Norco, and denied a request for Tegaderm, and denied a request for Paxil. The claims administrator posited that the applicant was using Paxil for low back pain and stated that such usage was inappropriate. The claims administrator stated, somewhat incongruously, in another section of the note that the applicant was working full time. The applicant's attorney subsequently appealed. In a progress note dated September 26, 2014, the applicant reported 4-5/10 low back pain radiating to the bilateral lower extremities. The applicant stated that a combination of fentanyl and Norco were resulting in average pain score of 4-5/10. The applicant stated that he was trying to limit his Norco to six tablets a day but this was a struggle. The applicant was reportedly working. The applicant was working as a construction framer. The applicant posited that his medications were allowing him to care for his young daughter. The applicant then stated in another section of the note that his pain levels were dropped from 8/10 to 2/10 with pain medications. The applicant was reportedly using Duragesic, Norco, Zanaflex, Tegaderm, and Paxil. The applicant was applying the Tegaderm patches over his Duragesic patches to help with adhesion purposes. The applicant was asked to continue working. It was not stated for what purpose Paxil was being employed on this occasion. In a progress note dated September 4, 2014, the attending provider increased the applicant's dosage of fentanyl from 50 mcg to 75 mcg and stated that this would likely provide the applicant with better analgesia. It was, once again, not stated for what purpose Paxil was

being employed. In an August 7, 2014 progress note, the attending provider again reiterated that the applicant was working full time and exercising, in large part attributed to the applicant's ongoing medication consumption, which again included Duragesic, Percocet, Zanaflex, Tegaderm, and Paxil. The applicant was asked to continue working full time and stay active. Once again, it was not stated for what purpose Paxil was being employed. On July 14, 2014, it was stated that Paxil was being employed for chronic low back pain and the applicant did not have any underlying psychopathology. In a June 17, 2014 progress note, it was stated that the applicant was remaining functional, was running his own business, and was using Paxil for depression, in contrast to the later note. On May 20, 2014, the applicant stated that he was still having issues with mood fluctuations and depression secondary to chronic pain. Paxil was introduced at that point in time.

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

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

**Fentanyl patches 100mcg #30:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids Page(s): 80.

**Decision rationale:** As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, the applicant has reportedly achieved and/or maintained successful return to work status, his prescribing provider has posited. The applicant continues to report appropriate reductions in pain levels with ongoing opioid therapy, it was suggested on several occasions, referenced above. Ongoing usage of Duragesic has facilitated the applicant's care for his children and performance of home exercises. Continuing the same, on balance, is therefore indicated. Accordingly, the request is medically necessary.

**Tegaderm patch #30 with 4 refills:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Library of Medicine (NLM), Duragesic Medication Guide

**Decision rationale:** The MTUS does not address the topic. However, the National Library of Medicine (NLM) notes that adhesive film dressings such as the Tegaderm patches at issue can be employed over Duragesic patches to facilitate adhesion. Here, the Duragesic patches in question

have been approved, above. Concomitant provision with Tegaderm patches for adhesive purposes is therefore indicated. Accordingly, the request is medically necessary.

**Paxil 20mg #60:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402.

**Decision rationale:** As noted in the MTUS-adopted ACOEM Guidelines in Chapter 15, page 402, antidepressants such as Paxil "may be helpful" in alleviating symptoms of depression, as are present here. The applicant was described on progress notes of May 20, 2014 and June 17, 2014 as having issues with mood disturbance, mood fluctuations, and depression due to chronic pain. The attending provider did posit on June 17, 2014 that Paxil was proving helping in attenuating the applicant's symptoms of depression. While the requesting provider did state, somewhat incongruously, that he was employing Paxil for low back pain on July 14, 2014, the bulk of the progress notes on file, however, suggested that the applicant was/is using Paxil for depression and that ongoing usage of Paxil was, in fact, ameliorating the applicant's mood. Continuing the same, on balance, is therefore indicated. Accordingly, the request is medically necessary.