

<b>Case Number:</b>	CM14-0219203		
<b>Date Assigned:</b>	01/09/2015	<b>Date of Injury:</b>	03/03/2001
<b>Decision Date:</b>	03/12/2015	<b>UR Denial Date:</b>	12/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/30/2014

### 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. 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 55 year old female, who sustained an industrial injury on March 3, 2001. She has reported back pain with radiation of pain to the lower extremities with tingling over the legs. The diagnoses have included lumbar facet syndrome, piriformis syndrome, post-lumbar laminectomy syndrome and lumbar radiculopathy. Treatment to date has included L5-S1 fusion and pain management. Currently, the injured worker complains of lower backache with an increase in pain level. She reported that her quality of sleep is poor. She reported that she is taking her medications and that they are working well. On examination, the injured worker's range of motion in the lumbar spine was restricted with limited flexion and extension. She was unable to walk on her heel or her toes. On December 23, 2014 Utilization Review non-certified a request for Senna S tablet 6.6/50 mg #180, Duragesic 12 mcg/heart rate patch #5, Duragesic 12mcg/heart rate patch #10, Duragesic 25 mcg/heart rate patch #5, Duragesic 25 mcg/heart rate patch #10 and Phenergan 25 mg #30, noting that there is no documentation to support the injured worker's function improvement as related to her use of Duragesic. The request for Senna S to treat opioid induced constipation was not medically necessary given the non-certification of the Duragesic. The MTUS and Official Disability Guidelines were cited. On December 30, 2014, the injured worker submitted an application for IMR for review of Senna S tablet 6.6/50 mg #180, Duragesic 12 mcg/heart rate patch #5, Duragesic 12mcg/heart rate patch #10, Duragesic 25 mcg/heart rate patch #5, Duragesic 25 mcg/heart rate patch #10 and Phenergan 25 mg #30.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Senna S tablet 8.6/50mg #180:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Therapeutic Trial of Opioids Page(s): 77.

**Decision rationale:** Based on the 12/11/14 progress report provided by treating physician, the patient is a 55 year old female, with an injury date of 03/03/01. The patient presents with low back pain that radiates to the bilateral lower extremities; constipation and nausea. The request is for SENNA S TABLET 8.6/50MG #180. The patient is status post lumbar fusion L5-S1, date unspecified. Patient's diagnosis on 12/11/14 includes post lumbar laminectomy syndrome, lumbar facet syndrome, radiculopathy and mood disorder. Patient's medications include Senna, Duragesic patches, Phenergen, Neurontin, Amlodipine, Simvastatin, Trazodone and Wellbutrin. Per progress report dated 12/11/14, treater states "current regiment of medication optimizes function and activities of daily living. According to patient medications are working well." Patient has trialed medications, physical therapy, home exercise program and injections. The patient is permanent and stationary. Regarding constipation, MTUS Chronic Pain Medical Treatment Guidelines, page 77, states that prophylactic treatment of constipation should be initiated with therapeutic trial of opioids. It also states "Opioid induced constipation is a common adverse side effect of long-term opioid use." Senna was prescribed in progress reports dated 06/26/14, 10/23/14 and 12/11/14. Per progress report dated 06/26/14, treater requests Senokot for constipation secondary to pain medication. The patient is still experiencing constipation. MTUS recognizes constipation as a common side effect of chronic opiate use. However, opiates have not been authorized. Therefore, the request for Senna IS NOT medically necessary.

**Duragesic 12mcg/hr-patch #5:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Fentanyl transdermal (Duragesic) CRITERIA FOR USE OF OPIOIDS Page(s): 44, 88-89.

**Decision rationale:** Based on the 12/11/14 progress report provided by treating physician, the patient is a 55 year old female, with an injury date of 03/03/01. The patient presents with low back pain that radiates to the bilateral lower extremities. The request is for DURAGESIC 12MCG/HR-PATCH #5. The patient is status post L5-S1 fusion, date unspecified. Patient's diagnosis on 12/11/14 included posterior lumbar laminectomy syndrome, lumbar facet syndrome and lumbar radiculopathy. The patient has slowed antalgic gait. Patient's medications include Senna, Duragesic patches, Phenergen, Neurontin, Amlodipine, Simvastatin, Trazodone and Wellbutrin. Per progress report dated 12/11/14, treater states "current regiment of medication optimizes function and activities of daily living. According to patient medications are working

well." Treater states "with medications, patient is able to lift 10 lbs, walk 5 blocks, sit 60 minutes, stand 30 minutes," and "perform household tasks including cooking, cleaning, self-care, laundry, grocery shopping for approximately 30 minutes at a time." "Without medications, patient is able to lift 5 lbs., walk 1 block or less, sit 30 minutes and stand 15 minutes or less. Without the medication the patient can perform household tasks... for approximately less than 10 minutes at a time." Per treater report dated 06/26/14, patient's pain is rated 5/10 with and 9/10 without medications, and patient reports no side effects. Patient has trialed medications, physical therapy, home exercise program and injections. The patient is permanent and stationary. MTUS guidelines page 44 recommends Fentanyl transdermal (Duragesic) for management of persistent chronic pain, which is moderate to severe requiring continuous, around-the-clock opioid therapy. 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 4A's (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. Duragesic patches were prescribed in progress reports dated 06/26/14, 10/23/14 and 12/11/14. In this case, treater has provided numerical scales and specific ADL examples to show decrease in pain and significant functional improvement. Consistent CURES report on 07/24/14, per treater report dated 12/11/14. With regards to the 4A's, analgesia, ADL's, and adverse side effects have been properly addressed. However, no UDS's, nor discussions of aberrant behavior were provided. MTUS requires appropriate discussion of the 4A's. Given the lack of documentation as required by guidelines, the request IS NOT medically necessary.

**Duragesic 12mcg/hr-patch #10: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Fentanyl transdermal (Duragesic) CRITERIA FOR USE OF OPIOIDS Page(s): 44, 88-89.

**Decision rationale:** Based on the 12/11/14 progress report provided by treating physician, the patient is a 55 year old female, with an injury date of 03/03/01. The patient presents with low back pain that radiates to the bilateral lower extremities. The request is for DURAGESIC 12MCG/HR-PATCH #10. The patient is status post L5-S1 fusion, date unspecified. Patient's diagnosis on 12/11/14 included posterior lumbar laminectomy syndrome, lumbar facet syndrome and lumbar radiculopathy. The patient has slowed antalgic gait. Patient's medications include Senna, Duragesic patches, Phenergen, Neurontin, Amlodipine, Simvastatin, Trazodone and Wellbutrin. Per progress report dated 12/11/14, treater states "current regiment of medication optimizes function and activities of daily living. According to patient medications are working well." Treater states "with medications, patient is able to lift 10 lbs, walk 5 blocks, sit 60 minutes, stand 30 minutes," and "perform household tasks including cooking, cleaning, self-care, laundry, grocery shopping for approximately 30 minutes at a time." "Without medications, patient is able to lift 5 lbs., walk 1 block or less, sit 30 minutes and stand 15 minutes or less. Without the medication the patient can perform household tasks... for approximately less than 10

minutes at a time." Per treater report dated 06/26/14, patient's pain is rated 5/10 with and 9/10 without medications, and patient reports no side effects. Patient has trialed medications, physical therapy, home exercise program and injections. The patient is permanent and stationary. MTUS guidelines page 44 recommends Fentanyl transdermal (Duragesic) for management of persistent chronic pain, which is moderate to severe requiring continuous, around-the-clock opioid therapy. 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 4A's (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. Duragesic patches were prescribed in progress reports dated 06/26/14, 10/23/14 and 12/11/14. In this case, treater has provided numerical scales and specific ADL examples to show decrease in pain and significant functional improvement. Consistent CURES report on 07/24/14, per treater report dated 12/11/14. With regards to the 4A's, analgesia, ADL's, and adverse side effects have been properly addressed. However, no UDS's, nor discussions of aberrant behavior were provided. MTUS requires appropriate discussion of the 4A's. Given the lack of documentation as required by guidelines, the request IS NOT medically necessary.

**Duragesic 25mcg/hr-patch #5: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Fentanyl transdermal (Duragesic) CRITERIA FOR USE OF OPIOIDS Page(s): 44,88-89.

**Decision rationale:** Based on the 12/11/14 progress report provided by treating physician, the patient is a 55 year old female, with an injury date of 03/03/01. The patient presents with low back pain that radiates to the bilateral lower extremities. The request is for DURAGESIC 25MCG/HR-PATCH #5. The patient is status post L5-S1 fusion, date unspecified. Patient's diagnosis on 12/11/14 included posterior lumbar laminectomy syndrome, lumbar facet syndrome and lumbar radiculopathy. The patient has slowed antalgic gait. Patient's medications include Senna, Duragesic patches, Phenergen, Neurontin, Amlodipine, Simvastatin, Trazodone and Wellbutrin. Per progress report dated 12/11/14, treater states "current regiment of medication optimizes function and activities of daily living. According to patient medications are working well." Treater states "with medications, patient is able to lift 10 lbs, walk 5 blocks, sit 60 minutes, stand 30 minutes," and "perform household tasks including cooking, cleaning, self-care, laundry, grocery shopping for approximately 30 minutes at a time." "Without medications, patient is able to lift 5 lbs., walk 1 block or less, sit 30 minutes and stand 15 minutes or less. Without the medication the patient can perform household tasks... for approximately less than 10 minutes at a time." Per treater report dated 06/26/14, patient's pain is rated 5/10 with and 9/10 without medications, and patient reports no side effects. Patient has trialed medications, physical therapy, home exercise program and injections. The patient is permanent and stationary. MTUS guidelines page 44 recommends Fentanyl transdermal (Duragesic) for management of persistent chronic pain, which is moderate to severe requiring continuous,

around-the-clock opioid therapy. 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 4A's (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. Duragesic patches were prescribed in progress reports dated 06/26/14, 10/23/14 and 12/11/14. In this case, treater has provided numerical scales and specific ADL examples to show decrease in pain and significant functional improvement. Consistent CURES report on 07/24/14, per treater report dated 12/11/14. With regards to the 4A's, analgesia, ADL's, and adverse side effects have been properly addressed. However, no UDS's, nor discussions of aberrant behavior were provided. MTUS requires appropriate discussion of the 4A's. Given the lack of documentation as required by guidelines, the request IS NOT medically necessary.

**Duragesic 25mcg/hr-patch #5: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Fentanyl transdermal (Duragesic)CRITERIA FOR USE OF OPIOIDS Page(s): 44, 88-89.

**Decision rationale:** Based on the 12/11/14 progress report provided by treating physician, the patient is a 55 year old female, with an injury date of 03/03/01. The patient presents with low back pain that radiates to the bilateral lower extremities. The request is for DURAGESIC 25MCG/HR-PATCH #5. The patient is status post L5-S1 fusion, date unspecified. Patient's diagnosis on 12/11/14 included posterior lumbar laminectomy syndrome, lumbar facet syndrome and lumbar radiculopathy. The patient has slowed antalgic gait. Patient's medications include Senna, Duragesic patches, Phenergen, Neurontin, Amlodipine, Simvastatin, Trazodone and Wellbutrin. Per progress report dated 12/11/14, treater states "current regiment of medication optimizes function and activities of daily living. According to patient medications are working well." Treater states "with medications, patient is able to lift 10 lbs, walk 5 blocks, sit 60 minutes, stand 30 minutes," and "perform household tasks including cooking, cleaning, self-care, laundry, grocery shopping for approximately 30 minutes at a time." "Without medications, patient is able to lift 5 lbs., walk 1 block or less, sit 30 minutes and stand 15 minutes or less. Without the medication the patient can perform household tasks... for approximately less than 10 minutes at a time." Per treater report dated 06/26/14, patient's pain is rated 5/10 with and 9/10 without medications, and patient reports no side effects. Patient has trialed medications, physical therapy, home exercise program and injections. The patient is permanent and stationary.MTUS guidelines page 44 recommends Fentanyl transdermal (Duragesic) for management of persistent chronic pain, which is moderate to severe requiring continuous, around-the-clock opioid therapy. 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 4A's (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. Duragesic patches were prescribed in progress reports dated 06/26/14, 10/23/14 and 12/11/14. In this case, treater has provided numerical scales and specific ADL examples to show decrease in pain and significant functional improvement. Consistent CURES report on 07/24/14, per treater report dated 12/11/14. With regards to the 4A's, analgesia, ADL's, and adverse side effects have been properly addressed. However, no UDS's, nor discussions of aberrant behavior were provided. MTUS requires appropriate discussion of the 4A's. Given the lack of documentation as required by guidelines, the request IS NOT medically necessary.

**Phenergen 25mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Pain chapter for Antiemetics, for opioid nausea

**Decision rationale:** Based on the 12/11/14 progress report provided by treating physician, the patient is a 55 year old female, with an injury date of 03/03/01. The patient presents with low back pain that radiates to the bilateral lower extremities; constipation and nausea. The request is for PHENERGEN 25MG #30. The patient is status post lumbar fusion L5-S1, date unspecified. Patient's diagnosis on 12/11/14 includes post lumbar laminectomy syndrome, lumbar facet syndrome, radiculopathy and mood disorder. Patient's medications include Senna, Duragesic patches, Phenergen, Neurontin, Amlodipine, Simvastatin, Trazodone and Wellbutrin. Per progress report dated 12/11/14, treater states "current regiment of medication optimizes function and activities of daily living. According to patient medications are working well." Patient has trialed medications, physical therapy, home exercise program and injections. The patient is permanent and stationary. ODG-TWC guidelines, Pain chapter for Antiemetics, for opioid nausea, states: "Not recommended for nausea and vomiting secondary to chronic opioid use. Recommended for acute use as noted below per FDA-approved indications. Nausea and vomiting is common with use of opioids. These side effects tend to diminish over days to weeks of continued exposure. Studies of opioid adverse effects including nausea and vomiting are limited to short-term duration -less than four weeks- and have limited application to long-term use. If nausea and vomiting remains prolonged, other etiologies of these symptoms should be evaluated for." Phenergan was prescribed in progress reports dated 06/26/14, 10/23/14 and 12/11/14. Per progress report dated 06/26/14, treater requests Phenergan for nausea secondary to pain medication. However, guidelines do not support this medication for nausea associated with chronic opioid use. Therefore, the request IS NOT medically necessary.