

Case Number:	CM15-0010117		
Date Assigned:	01/27/2015	Date of Injury:	04/08/2010
Decision Date:	03/25/2015	UR Denial Date:	12/16/2014
Priority:	Standard	Application Received:	01/16/2015

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: New York
 Certification(s)/Specialty: Emergency Medicine

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 62 year-old female who has reported low back pain after an altercation at work on 04/08/2010. Her diagnoses include L4-L5 lumbar degenerative disc disease, chronic low back pain, and sciatic neuralgia. Some reports refer to a history of depression, currently improved. An MRI of the lumbar spine on 08/06/2014 showed multilevel spondylosis. Treatment has included chronic opioids and other medications. The records show use of fentanyl for years. The urine drug screen of 7/21/14 was positive for tramadol, fentanyl, and ethyl alcohol. The PR2s from the primary treating physician during 2014 are monthly. The report of 7/21/14 reflects ongoing back pain, use of tramadol and fentanyl, and need for pain psychotherapy. There was no discussion of function. The PR2 of 8/25/14 discusses the use of Cymbalta and that it improves her mood and reduces her pain. Function was briefly addressed stating the injured worker has been inactive. A spine surgery is considered. Subsequent primary treating physician reports are monthly and provide minimal new information, but note a Cymbalta reduction caused an increase in pain. None of the primary treating physician reports discuss the positive drug screen, work status, or specific functions. The physician reports that a combination of the medications and psychotherapy has notably improved the status of the patient. On 12/16/2014, Utilization Review non-certified a prescription for Fentanyl patch, noting the previous modification to allow for documentation of specific benefit and compliance with guideline recommendations. Utilization Review non-certified a prescription for Dulcolax noting that since the opioid medication was denied, there is no longer an indication. Utilization Review non-certified Colace, noting the denied opioid medication. Utilization Review modified a prescription for Cymbalta 20mg 2

tablets every day #60 with 3 refills to Cymbalta 20mg 2 tablets every day #60 with no refills, noting the absence of documented functional improvement and quantifiable decreased in pain levels. The MTUS Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fentanyl patch 25mcg every 72 hours, #10: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid management, Opioids, steps to avoid misuse/addiction, indications, Chronic back pain, Mec. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, fentanyl, opioid adverse effects.

Decision rationale: There is insufficient evidence that the treating physician is prescribing opioids according to the MTUS, which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract, and there should be a prior failure of non-opioid therapy. None of these factors are evident. Work status was not addressed. Specific functional goals and functional improvement are not present in the records. The only discussion of function was that of stating that the injured worker was avoiding activities due to pain, which does not reflect good function. The drug testing was not random, as it occurred at the office visit. The positive test for ethanol was not addressed. The use of alcohol with opioids is a critical issue which must be addressed. The Official Disability Guidelines recommends against using fentanyl for musculoskeletal pain. The Official Disability Guidelines has an extensive discussion of adverse effects and contraindications to the intake of sedatives like alcohol with opioids. Per the MTUS, opioids are minimally indicated, if at all, for chronic non-specific pain, osteoarthritis, mechanical and compressive etiologies, and chronic back pain. Aberrant use of opioids is common in this population. As currently prescribed, fentanyl does not meet the criteria for long term opioids as elaborated in the MTUS and the Official Disability Guidelines, and is therefore not medically necessary.

Cymbalta 20mg, 2 tablets by mouth once daily, #60 with 3 refills: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain, SNRIs (serotonin noradrenaline reuptake inhibitors) Page(s): 1. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental illness and stress chapter, antidepressants.

Decision rationale: Per the MTUS, antidepressants like Cymbalta may be indicated for chronic pain. When prescribed, the MTUS gives clear direction for outcome measurements, including

functional improvement (see pages 13 and 60 of the citations above). No medical reports show specific functional benefit. However, this injured worker has co-existing depression for which Cymbalta is also prescribed. The MTUS does not address the use of Cymbalta for depression as well as pain with respect to measuring outcomes. The Official Disability Guidelines recommend antidepressants like Cymbalta for depression in the setting of chronic pain. Improvement in depression is a valid outcome measure. There is evidence in the records that depression has improved while using Cymbalta and this alone is reason to continue the medication. The Utilization Review decision is overturned because the Utilization Review did not adequately consider the use of Cymbalta in the context of both chronic pain and depression.

Dulcolax 5mg, 1 tablet by mouth once daily as needed, #60 with 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Initiating Therapy [with opioids] (d) Prophylactic treatment of constipation should be initiated.

Decision rationale: There is insufficient evidence that the treating physician is prescribing opioids according to the MTUS, which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract, and there should be a prior failure of non-opioid therapy. None of these factors are evident. Work status was not addressed. Specific functional goals and functional improvement are not present in the records. The only discussion of function was that of stating that the injured worker was avoiding activities due to pain, which does not reflect good function. The drug testing was not random, as it occurred at the office visit. The positive test for ethanol was not addressed. The use of alcohol with opioids is a critical issue which must be addressed. The Official Disability Guidelines recommends against using fentanyl for musculoskeletal pain. The Official Disability Guidelines has an extensive discussion of adverse effects and contraindications to the intake of sedatives like alcohol with opioids. Per the MTUS, opioids are minimally indicated, if at all, for chronic non-specific pain, osteoarthritis, mechanical and compressive etiologies, and chronic back pain. Aberrant use of opioids is common in this population. Per the opioid discussion above, opioids should not be continued for the reasons discussed. There is therefore no medical necessity for continuing laxatives, as the treating physician has provided no other reason for prescribing laxatives.

Colace 100mg, 1-2 tablets by mouth once daily as needed, #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Initiating Therapy [with opioids] (d) Prophylactic treatment of constipation should be initiated.

Decision rationale: There is insufficient evidence that the treating physician is prescribing opioids according to the MTUS, which recommends prescribing according to function, with

specific functional goals, return to work, random drug testing, opioid contract, and there should be a prior failure of non-opioid therapy. None of these factors are evident. Work status was not addressed. Specific functional goals and functional improvement are not present in the records. The only discussion of function was that of stating that the injured worker was avoiding activities due to pain, which does not reflect good function. The drug testing was not random, as it occurred at the office visit. The positive test for ethanol was not addressed. The use of alcohol with opioids is a critical issue which must be addressed. The Official Disability Guidelines recommends against using fentanyl for musculoskeletal pain. The Official Disability Guidelines has an extensive discussion of adverse effects and contraindications to the intake of sedatives like alcohol with opioids. Per the MTUS, opioids are minimally indicated, if at all, for chronic non-specific pain, osteoarthritis, mechanical and compressive etiologies, and chronic back pain. Aberrant use of opioids is common in this population. Per the opioid discussion above, opioids should not be continued for the reasons discussed. There is therefore no medical necessity for continuing laxatives, as the treating physician has provided no other reason for prescribing laxatives.