

<b>Case Number:</b>	CM15-0120662		
<b>Date Assigned:</b>	07/01/2015	<b>Date of Injury:</b>	01/24/2003
<b>Decision Date:</b>	09/18/2015	<b>UR Denial Date:</b>	06/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/22/2015

### 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:

The injured worker is a 40-year-old male who sustained an industrial injury on January 24, 2003. The injured worker experienced low back pain while building and loading cartons. Over several months the injured worker developed radiation into the left lower extremity. The diagnoses have included chronic lumbosacral sprain, lumbar discogenic disease, lumbago, thoracic or lumbosacral neuritis or radiculitis not otherwise specified, arachnoiditis/meningitis not otherwise specified, lumbar radiculopathy, post lumbar laminectomy syndrome and depressive disorder. Treatment and evaluation to date has included medications, radiological studies, MRI, electrodiagnostic studies, epidural injections, physical therapy, psychological evaluation, home exercise program, lumbar spine fusion and subsequent removal of hardware. The injured worker was noted to have a permanent disability. Work status was unclear in the documentation. Current documentation dated May 27, 2015 notes that the injured worker reported ongoing low back pain. The injured worker noted that his medications reduced his pain with minimal side effects and improved his function which allowed him to perform activities of daily living. Objective findings noted the injured worker to be depressed with no signs of withdrawal or intoxication. Examination of the lumbar spine revealed tenderness and paravertebral muscle spasms on both sides. A straight leg raise was positive bilaterally. Deep tendon reflexes were decreased at the bilateral ankles and right patellae. Sensation was decreased along the right lumbar-five and sacral-one distributions. The treating physician's plan of care included requests for a spine surgeon consultation, Oxycodone HCL 15 mg # 180, Fentanyl Patch 50 mcg/hr # 10, Gabapentin 300 mg # 30 and Amitiza 24 mcg # 60.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Spine Surgeon Consultation:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-306.

**Decision rationale:** According the above referenced guideline, surgical spinal referral is indicated for: "Severe and disabling lower leg symptoms in a distribution consistent with abnormalities on imaging studies (radiculopathy), preferably with accompanying objective signs of neural compromise; Activity limitations due to radiating leg pain for more than one month or extreme progression of lower leg symptoms; Clear clinical, imaging, and electrophysiologic evidence of a lesion that has been shown to benefit in both the short and long term from surgical repair; Failure of conservative treatment to resolve disabling radicular symptoms." A spinal surgeon consultation was certified in February 2015, but documentation does not support this consultation occurred. In addition, the documentation does not include clear imaging or electrophysiologic evidence to support a surgical lesion. Without this documentation, the request for a spine surgeon referral is not medically necessary.

**Oxycodone HCL (hydrochloride) 15 mg Qty 180:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Oxycotin (oxycodone).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Oxycodone Page(s): 74-96.

**Decision rationale:** In regards to the medication Oxycodone HCL the California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines discourages long term usage unless there is evidence of "ongoing review and documentation of pain relief, functional status and appropriate medication use and side effects. Pain assessment should include: current pain, the least reported pain over the period since last assessment, average pain, the intensity of pain after taking the opioid, how long it takes for pain relief and how long the pain relief lasts. Satisfactory response to treatment may be indicated by the injured worker's decreased pain level, increased level of function or improved quality of life." The documentation notes subjectively that the injured worker had decreased pain levels and improved function with the current medications. The documentation supports the injured worker has been prescribed Oxycodone HCL since November of 2014. There is lack of objective evidence of specific pain levels prior to and with the use of the medication which is required by the guidelines for continued opioid use. The request for Oxycodone HCL is not medically necessary.

**Fentanyl 50 mcg/hr patch Qty 10: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Fentanyl transdermal (duragesic).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Fentanyl transdermal system Page(s): 74-96.

**Decision rationale:** The California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines do not recommend this medication as a first line therapy. It is indicated in the management of chronic pain in injured workers who require continuous opioid analgesia for pain that cannot be managed by other means. Opioids are not recommended for long term use without evidence of functional improvement or pain reduction. The documentation notes subjectively that the injured worker had decreased pain levels and improved function with the current medications. The documentation supports the injured worker has been prescribed the Fentanyl patch since November of 2014. There is lack of objective evidence in the documentation of specific pain levels prior to and with the use of the medication which is required by the guidelines for continued opioid use. The request for Fentanyl patches is not medically necessary.

**Gabapentin 300 mg Qty 30: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs) Page(s): 16-18, 49.

**Decision rationale:** The California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines state that Gabapentin is an anti-epilepsy drug which has been shown to be effective for treatment of diabetic painful neuropathy and post-herpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. A recent review has indicated that there is insufficient evidence to recommend for or against antiepileptic drugs for axial low back pain. There is a lack of evidence to demonstrate that anti-epilepsy drugs significantly reduce the level of myofascial or other sources of somatic pain. These medications provide additional analgesia and reduce the dependence on opioids and other medications. The injured worker was also being prescribed Oxycodone and Fentanyl patches without noted dose reduction. The guidelines state that a good response to anti-epilepsy drugs would be a 50% reduction in pain and a moderate response would be a 30% reduction in pain. The documentation notes subjectively that the injured worker had decreased pain levels and improved function with his current medications. The injured worker has been prescribed Gabapentin for at least 4 months. There is lack of objective evidence of specific levels of reduction in pain with the use of this medication which is required by the guidelines for continued use. The request for Gabapentin is not medically necessary.

**Amitiza 24 mcg Qty 60: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Mental Illness & Stress.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic pain, Opioid-induced constipation treatment, Amitiza.

**Decision rationale:** The California Medical Treatment Utilization Schedule (MTUS) are silent on the medication Amitiza. The Official Disability Guidelines recommend Amitiza only as a possible second-line treatment for opioid-induced constipation. First line treatment should include increasing physical activity, proper diet and hydration and over-the counter medications. Opioid- induced constipation is a common adverse effect of long-term opioid use. This constipation drug treats constipation without affecting the patient's analgesic response to the pain medications. The documentation supports the injured worker has been on two opioid medications, Oxycodone and Fentanyl Patches. The documentation does not address or assess the efficacy of the medication Amitiza for the injured workers constipation, which is required by the guidelines. The request for Amitiza is not medically necessary.