

<b>Case Number:</b>	CM15-0172361		
<b>Date Assigned:</b>	09/14/2015	<b>Date of Injury:</b>	12/06/2010
<b>Decision Date:</b>	10/28/2015	<b>UR Denial Date:</b>	08/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/01/2015

### 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: Anesthesiology

### 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 54 year old female with a date of injury on 12-6-2010. A review of the medical records indicates that the injured worker is undergoing treatment for cervical radiculitis, sprain-strain of the thoracic spine, lumbar radiculitis, right sided shoulder bursitis, chronic pain and myofascial pain syndrome. Medical records (5-18-2015 to 8-10-2015) indicate ongoing neck pain radiating down the right upper extremity. The injured worker complained of frequent spasms in the neck area. She complained of low back pain radiating down the right lower extremity, along with frequent muscle spasms in the low back. She also complained of pain in the bilateral hips, knees and ankles. She rated her pain as nine out of ten with medications and ten out of ten without medications. The injured worker reported that the use of opioid pain medication was helpful. Records also indicate ongoing limitations of her activities of daily living including ambulation, hand function and sleep. Per the treating physician (8-10-2015), the employee was not currently working. The physical exam (5-18-2015 to 8-10-2015) reveals an antalgic, slow gait. There was tenderness to palpation of the cervical spine, thoracic spine and lumbar spine. Myofascial trigger points were noted in the upper mid back on the right. Right shoulder range of motion was decreased due to pain. Treatment has included magnetic resonance imaging (MRI) and medications. The injured worker has been prescribed Percocet, Baclofen and Tramadol since at least 4-13-2015. The injured worker was noted to have tried and failed Fentanyl, Nucynta, Oxycodone, Morphine, Butrans, Codeine, Hydrocodone and steroids. The request for

authorization dated 8-17-2015 was for Percocet, Baclofen, Tramadol and Pentazocine naloxone. The original Utilization Review (UR) (8-24-2015) denied requests for Percocet, Baclofen, Tramadol and Pentazocine naloxone.

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

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

**Percocet 5/325mg QD #30 Qty: 30.00: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Opioids.

**Decision rationale:** According to the CA MTUS and the ODG, Percocet (Oxycodone/Acetaminophen) is a short-acting opioid analgesic indicated for moderate to severe pain, and is used to manage both acute and chronic pain. The treatment of chronic pain with any opioid analgesic requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. A pain assessment should include current pain, intensity of pain after taking the opiate, and the duration of pain relief. In this case, there is insufficient evidence that the opioids were prescribed according to the CA MTUS guidelines, which recommend prescribing according to function, with specific functional goals, return to work, random drug testing, an opioid contract, and documentation of a prior failure of non-opioid therapy. There is no documentation of the medication's pain relief effectiveness, objective functional improvement, or response to ongoing opioid analgesic therapy. In addition, there is no indication as to why this patient requires Tramadol, Pentazocine/naloxone, in addition to Percocet. Medical necessity of the requested item has not been established. Of note, discontinuation of an opioid analgesic should include a taper, to avoid withdrawal symptoms. The requested treatment with Percocet 5/325 mg is not medically necessary.

**Baclofen 10mg BID #60 Qty: 60.00: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Baclofen.

**Decision rationale:** The California MTUS Guidelines and the ODG recommends non-sedating muscle relaxants, such as Baclofen, with caution as a second-line option for short-term treatment of acute low back pain (LBP), and for short-term (<2 weeks) treatment of acute exacerbations in patients with chronic LBP. The mechanism of action is blockade of the pre- and post-synaptic GABA receptors. It is recommended orally for the treatment of spasticity and muscle spasm related to multiple sclerosis and spinal cord injuries. It is also a first-line option for the treatment

of dystonia. Baclofen has been noted to have benefits for treating lancinating, paroxysmal neuropathic pain. In this case, there is no documentation provided necessitating the use of Baclofen. There is no evidence of objective functional benefit to support any subjective improvements noted. In addition, the cited guidelines do not recommend this medication to be used for longer than 2-3 weeks. Medical necessity for the requested medication has not been established. The requested item is not medically necessary.

**Tramadol 50mg #90 Qty: 90.00: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

**Decision rationale:** According to the California MTUS, Tramadol (Ultram) is a synthetic opioid which affects the central nervous system and is indicated for the treatment of moderate to severe pain. Per CA MTUS Guidelines, certain criteria need to be followed, including an ongoing review and documentation of pain relief and functional status, appropriate medication use, and side effects. Pain assessment should include current pain: last reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid, and the duration of pain relief. According to the medical records, there has been no documentation of the medication's analgesic effectiveness and no clear documentation that the patient has responded to ongoing opioid therapy. Medical necessity of the requested medication has not been established. Of note, discontinuation of an opioid analgesic requires a taper to avoid withdrawal symptoms. The requested medication is not medically necessary.

**Pentazocine naloxone 50-0.5mg Qty: 90.00: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic) chapter - Pentazocine, Naloxone (Narcan).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Opioids Naloxone.

**Decision rationale:** Pentazocine is a synthetically-prepared prototypical mixed agonist-antagonist narcotic drug. According to the ODG, Pentazocine (Talwin/Talwin NX) is not recommended for the treatment of chronic pain. There is no evidence that supports the addition of pentazocine to decrease side effects from opioids. There is limited use among chronic pain patients because of their ceiling effect for analgesia that results in the analgesic effect not increasing with dose escalation. Regarding Naloxone, the ODG states that this medication is recommended in hospital-based and emergency department settings as currently indicated to address opioid overdose cases. Recommended on a case-by-case basis for outpatient, pre-hospital use, to treat opioid overdose for patients who are prescribed opioids for acute and

chronic pain (malignant and non-malignant) due to documented pathology. There is little evidence-based research to guide who should receive naloxone in an outpatient medically prescribed setting. Guidance is partially dependent on risk factors for overdose. When used in these pre-hospital settings, the patient will still require emergency, and perhaps, long term care. Medical necessity of the requested medication has not been established. Of note, discontinuation of an opioid analgesic requires a taper to avoid withdrawal symptoms. The requested medication is not medically necessary.