

<b>Case Number:</b>	CM15-0071131		
<b>Date Assigned:</b>	04/21/2015	<b>Date of Injury:</b>	08/16/2005
<b>Decision Date:</b>	05/20/2015	<b>UR Denial Date:</b>	03/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/14/2015

### 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: 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 36-year-old male, who sustained an industrial injury on 8/16/2005. He reported injury from repeatedly lifting coin boxes. The injured worker was diagnosed as having lumbar and cervical strain, severe multilevel degenerative disc disease and degenerative joint disease of the lumbar spine and left shoulder sprain/strain with rotator cuff impingement. Lower extremity electromyography (EMG) was abnormal. Treatment to date has included physical therapy, functional restoration program and medication management. In a progress note dated 3/6/2015, the injured worker complains of pain in the low back, buttocks, neck and shoulder. The treating physician is requesting Duragesic patches, Percocet and Zofran.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Duragesic 25mcg patch Qty: 10, 1 patch every 3 days: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 44, 47, 74-86.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Hydrocodone Page(s): 76-78, 88-90.

**Decision rationale:** The patient presents with pain in the low back, buttocks, neck and shoulder. The request is for DURAGESIC 25 MCG PATCH QTY: 10, 1 PATCH EVERY 3 DAYS. The provided RFA is dated 03/05/15 and the patient's date of injury is 08/16/05. The diagnoses include Lumbar and cervical strain, severe multilevel degenerative disc disease and degenerative joint disease of the lumbar spine and left shoulder sprain/strain with rotator cuff impingement. Treatment to date has included physical therapy, functional restoration program and medication management. Current medications include Duragesic Patch, Percocet, Zofran, Norco, Gabapentin, Lisinopril, Omeprazole and Clorazepate dipotassium. The patient is temporarily totally disabled. MTUS Guidelines pages 88 and 89 state, "Pain should be assessed at each visit and functioning should be measured at 6-month intervals using a numerical scale or a validated instrument." MTUS page 78 also requires documentation of the 4As (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. MTUS p90 states, "Hydrocodone has a recommended maximum dose of 60mg/24hrs." Per 11/13/14 report, treater states, "Patient has been doing fine with pain management-using Duragesic patch for persistent pain and he is able to function much more and does not present with any aberrant behavior." Duragesic patches were prescribed to the patient at least since 11/13/14, per provided medical reports. The patient's pain is reported to be 10/10 without pain medication and decreases to a 6/10 with medication. A current UDS was performed 02/11/14 and is consistent with medication regimen. Although the four A's are mentioned in the reports, there is lack of significant improvement in function via discussion regarding specific ADL's, return to work, or use of validated instrument. MTUS require functional improvement, but a general statement that the patient is functional better is inadequate. No outcome measures are provided either. The request IS NOT medically necessary.

**Percocet 10/325mg Qty: 210, 1-2 tablets every 4 hours:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 44, 47, 74-86.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

**Decision rationale:** The patient presents with pain in the low back, buttocks, neck and shoulder. The request is for PERCOCET 10/325MG QTY: 210, 1-2 TABLET EVERY 4 HOURS. The provided RFA is dated 03/05/15 and the patient's date of injury is 08/16/05. The diagnoses include Lumbar and cervical strain, severe multilevel degenerative disc disease and degenerative joint disease of the lumbar spine and left shoulder sprain/strain with rotator cuff impingement. Treatment to date has included physical therapy, functional restoration program and medication management. Current medications include Duragesic Patch, Percocet, Zofran, Norco, Gabapentin, Lisinopril, Omeprazole and Clorazepate dipotassium. The patient is temporarily very disabled. 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 4As (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. The MTUS Guidelines page 76 to 78 under criteria for initiating opioids recommend that reasonable alternatives have been tried, considering the patient's likelihood of improvement, likelihood of abuse, etc. MTUS goes on to state that baseline pain and functional assessment should be provided. Once the criteria have been met, a new course of opioids may be tried at this time. Per 11/13/14 report, treater states, "Prescribe Percocet as needed for breakthrough pain." Percocet was prescribed to the patient at least since 11/13/14, per provided medical reports. The patient's pain is reported to be 10/10 without pain medication and decreases to a 6/10 with medication. A current UDS was performed 02/11/14 and is consistent with medication regimen. However, MTUS requires appropriate discussion of the 4A's. In this case, treater has not discussed specific ADL's or adverse reactions. The use of opiates require detailed documentation per MTUS. Given the lack of documentation as required by guidelines, the request IS NOT medically necessary.

**Zofran 4mg Qty: 10 with 1 refill, 1 tablet daily:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines- Pain Chapter.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Pain (Chronic) Chapter, under Antiemetics (for opioid nausea).

**Decision rationale:** The patient presents with pain in the low back, buttocks, neck and shoulder. The request is for ZOFRAN 4MG QTY: 10 WITH 1 REFILL, 1 TABLET DAILY. The provided RFA is dated 03/05/15 and the patient's date of injury is 08/16/05. The diagnoses include Lumbar and cervical strain, severe multilevel degenerative disc disease and degenerative joint disease of the lumbar spine and left shoulder sprain/strain with rotator cuff impingement. Treatment to date has included physical therapy, functional restoration program and medication management. Current medications include Duragesic Patch, Percocet, Zofran, Norco, Gabapentin, Lisinopril, Omeprazole and Clorazepate dipotassium. The patient is temporarily very disabled. ODG Guidelines, Pain (Chronic) Chapter, under Antiemetics (for opioid nausea) states: "Not recommended for nausea and vomiting secondary to chronic opioid use. Ondansetron (Zofran): This drug is a serotonin 5-HT<sub>3</sub> receptor antagonist. It is FDA-approved for nausea and vomiting secondary to chemotherapy and radiation treatment. It is also FDA-approved for postoperative use. Acute use is FDA-approved for gastroenteritis." Treater has not provided a reason for the request. It appears treater is initiating Zofran as it is not documented in the progress reports but is requested for on the RFA. ODG guidelines recommend Zofran only for nausea and vomiting secondary to chemotherapy, radiation treatment, post-operative use and acute gastroenteritis. The medical records provided do not show that the patient presents with any of the requirements needed for this prescription. Therefore, the request IS NOT medically necessary.