

<b>Case Number:</b>	CM15-0078463		
<b>Date Assigned:</b>	04/29/2015	<b>Date of Injury:</b>	07/06/1983
<b>Decision Date:</b>	07/02/2015	<b>UR Denial Date:</b>	03/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/23/2015

### 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: Family Practice

### 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 58 year old male, who sustained an industrial injury on July 6, 1983. He reported low back pain with right lower extremity radiculitis. The injured worker was diagnosed as having post laminectomy syndrome, thoracic and lumbosacral neuritis/radiculitis, disorders of the sacrum, lumbago, myalgia and myositis. Treatment to date has included diagnostic studies, radiographic imaging, failed conservative therapies, multiple lumbar surgeries, a morphine pump placement, medications and work restrictions. Currently, the injured worker complains of continued low back pain with radiating pain, tingling and numbness to the right lower extremity. He reported using a walker to ambulate. The injured worker reported an industrial injury in 1983, resulting in the above noted pain. He was treated conservatively and surgically without complete resolution of the pain. Evaluation on February 5, 2015, revealed continued pain as noted. He reported having worsening pain with a decrease in pain medication. Medications and radiographic studies of the lumbar spine were requested.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Subsys (re-trial): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain page(s): 80-82.

**Decision rationale:** This patient receives treatment for chronic pain syndrome. This relates to an industrial injury on 07/06/1983. The patient experiences low back pain with radiation to the R lower extremity. The patient has post-laminectomy syndrome (failed back) and has become opioid dependent. The patient reports an escalation of the pain with attempts to lower the dosing of the analgesics. This review addresses a request for Subsys, which had been tried before and failed. Subsys provides a mucosal delivery of fentanyl, a potent short-acting opioid agonist and a Schedule II drug. Subsys can produce significant degree of respiration suppression, which can lead to loss of consciousness and even death. This patient has become opioid dependent, exhibits opioid tolerance, and exhibits hyperalgesia, which are all associated with long-term opioid treatment. Opioids are not recommended for the long-term management of chronic pain, because clinical studies fail to show either adequate pain control or a return to function, when treatment relies on opioid therapy. The documentation fails to document any quantitative assessment of return to function, which is an important clinical measure of drug effectiveness. Based on the documentation treatment with Subsys is not medically necessary.

**Doxepin:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation drugs.com.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain page(s): 13-16.

**Decision rationale:** This patient receives treatment for chronic pain syndrome. This relates to an industrial injury on 07/06/1983. The patient experiences low back pain with radiation to the R lower extremity. The patient has post-laminectomy syndrome (failed back) and has become opioid dependent. The patient reports an escalation of the pain with attempts to lower the dosing of the analgesics. This review addresses a request for doxepin, an antidepressant. The treatment guidelines recommend that when treating depression with an antidepressant, the documentation must address a reduction in pain, improvement in function, changes in use of other pain medications, improvement in sleep quality and duration, and a positive effect on mood. A PHQ-9 questionnaire can document the patient's mood. The documentation does not adequately provide these details. Doxepin is not medically indicated.

**CT scan of lumbar spine:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints page(s): 303-304.

**Decision rationale:** This patient receives treatment for chronic pain syndrome. This relates to an industrial injury on 07/06/1983. The patient experiences low back pain with radiation to the R lower extremity. The patient has post-laminectomy syndrome (failed back) and has become opioid dependent. The patient reports an escalation of the pain with attempts to lower the dosing of the analgesics. This review addresses a request for a CT of the lumbar spine. This patient's injury dates back to 1983. There is no documentation of any new industrial injury nor any clinical red flags to recommend a new CT imaging study of the lumbar spine. There is no indication that osteomyelitis, or metastatic cancer is being considered. A CT of the lumbar spine is not medically necessary.

**X-ray of lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints page(s): 303-304.

**Decision rationale:** This patient receives treatment for chronic pain syndrome. This relates to an industrial injury on 07/06/1983. The patient experiences low back pain with radiation to the R lower extremity. The patient has post-laminectomy syndrome (failed back) and has become opioid dependent. The patient reports an escalation of the pain with attempts to lower the dosing of the analgesics. This review addresses a request for a plain film x-ray of the lumbar spine. This patient's injury dates back to 1983. There is no documentation of any new industrial injury nor any clinical red flags to recommend a new x-ray study of the lumbar spine. The documentation does not adequately explain what the rationale is for a plain film lumbar spine x-ray is. The lumbar spine x-ray is not medically necessary.