

<b>Case Number:</b>	CM14-0154871		
<b>Date Assigned:</b>	10/06/2014	<b>Date of Injury:</b>	07/30/2002
<b>Decision Date:</b>	11/06/2014	<b>UR Denial Date:</b>	09/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/22/2014

### 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. The expert reviewer is Board Certified in Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 51-year-old woman, with a history of drug and alcohol abuse, who sustained a work-related injury on July 30, 2002. Subsequently, she developed chronic low back pain. Prior treatment included ice and heat, medications (Cymbalta, Gabapentin, Oxycodone, Darvocet, Soma, Elavil, Motrin, Lunesta, Kadian, Zoloft, and Ambien), transcutaneous electrical nerve stimulation unit, acupuncture that helped with the pain, and physical therapy. The patient was certified 10 sessions of aquatic therapy on April 1, 2013. The patient received lumbar transforaminal epidural steroid injections (TFESI) on May 19, 2009, March 2, 2010, October 26, 2010, and March 1, 2011; first sacral TFESI on October 6, 2009, lumbar ESI on July 26, 2012, L45 TFESI on August 7, 2013, repeat TFESI on September 23, 2013, Dilaudid injection on September 23, 2013, and second Dilaudid, Phenergan and Toradol injection on October 3, 2013. The patient underwent right L4-5 lumbar laminectomies in June 1999 and July 1999. The x-ray of the lumbar spine dated August 29, 2013 showed mild degenerative disc space narrowing at L4-5 and L5-S1. The electrodiagnostic evaluation of the bilateral lower extremities dated October 8, 2013 showed right chronic S1 radiculopathy with mild chronic and minimal acute denervation findings. According to authorized Psychological Consultation dated December 9, 2013, the patient was not psychologically cleared to proceed with a spinal cord stimulator procedure. Recommendations included weight reduction program, course of CBT, and regular psychotherapy contact in case of any invasive medical procedure. Progress notes dated April 16, 2014 documented that the patient had declined CBT with psychology and had been seeing a psychiatrist. There had been recommendations for the patient to undergo a functional restoration program and detox. However, the patient had declined this treatment and was not willing to participate to get off of medications. There had also been recommendations for the patient's medications to be weaned down in the past without success. The progress report dated August

14, 2014 documented that there have been no significant changes to the patient's condition since her last visit. She continued to report low back pain with pain radiating into her bilateral lower extremities with weakness. According to the progress report dated October 2, 2014, the patient was status post gastric sleeve performed on September 8, 2014. The patient has lost approximately 50 pounds since the surgery and did notice a slight improvement of her low back pain. The patient stated she was going through withdrawal symptoms including shaking, crying, increased pain, nausea, and vomiting. Examination of the lumbar spine revealed loss of lumbar lordosis tenderness and reduced range of motion and decrease in sensation along lateral calf, lateral aspect of foot, bilateral. The patient was diagnosed with chronic pain syndrome, post lumbar laminectomy syndrome, lumbar radiculopathy, and low back pain. The provider requested authorization for Fentanyl, Oxycodone, and UDS.

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

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

**Retrospective request for Fentanyl film 75 mcg per hour, QTY: 10, for the service date of 08/14/2014:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Specific Drug List, Fentanyl Transdermal Page(s): 93, 78.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Duragesic (fentanyl transdermal system) Page(s): 75-81,68.

**Decision rationale:** Duragesic (fentanyl transdermal system) is not recommended as a first-line therapy. Duragesic is the trade name of a fentanyl transdermal therapeutic system, which releases fentanyl, a potent opioid, slowly through the skin. It is manufactured by ALZA Corporation and marketed by ██████████ (both subsidiaries of ██████████). The FDA-approved product labeling states that Duragesic is indicated in the management of chronic pain in patients who require continuous opioid analgesia for pain that cannot be managed by other means. According to MTUS guidelines, long acting opioids are highly potent form of opiate analgesic. Establishing a treatment plan, looking for alternatives to treatment, assessing the efficacy of the drug, using the lowest possible dose and considering multiple disciplinary approaches if high dose is needed or if the pain does not improve after 3 months of treatment. Fentanyl is indicated for the management of moderate to severe chronic pain that requires continuous around the clock opioid therapy and that is resistant to alternative therapies. The patient continued to have pain despite the previous use of Fentanyl and other opioids. The patient was prescribed Fentanyl without clear and objective documentation of function improvement. There is no recent documentation of tolerance to opioids. There is no documentation that the patient condition required around the clock opioid therapy. Therefore the prescription of Fentanyl is not medically necessary.

**Retrospective request for, Oxycodone 20 mg, QTY: 75, for the service date of 08/14/2014:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Specific Drug List, Oxycodone Page(s): 92, 93, 78-80, 124.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 75-81.

**Decision rationale:** According to MTUS guidelines, Oxycodone as well as other short acting opioids are indicated for intermittent or breakthrough pain (page 75). It can be used in acute post operative pain. It is not recommended for chronic pain of long-term use as prescribed in this case. In addition and according to MTUS guidelines, ongoing use of opioids should follow specific rules: "(a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy.(b) The lowest possible dose should be prescribed to improve pain and function.(c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework" There is no clear documentation of functional improvement with previous use of the Oxycodone. There is no documentation of significant pain improvement with previous use of Oxycodone and no recent documentation of compliance/side effects with previous use of Narcotics. Therefore, the retrospective request of Oxycodone 20 mg is not medically necessary.

**Retrospective request for UDS (Urine Drug Screen) for the service date of 08/14/2014:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use Page(s): 77, 80, 94.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, steps to avoid misuse/addiction Page(s): 77-78,94.

**Decision rationale:** According to MTUS guidelines, urine toxicology screens are indicated to avoid misuse/addiction. Guidelines indicate to "(j) Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs". In this case, there is no documentation of drug abuse or aberrant behavior. There is no rationale provided for requesting UDS test. Therefore, the UDS is not medically necessary.