

<b>Case Number:</b>	CM15-0127390		
<b>Date Assigned:</b>	07/29/2015	<b>Date of Injury:</b>	06/01/2001
<b>Decision Date:</b>	10/19/2015	<b>UR Denial Date:</b>	06/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/01/2015

### 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: California, Arizona

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 51 year old female, who sustained an industrial injury on 6/01/2001, resulting from a fall. The injured worker was diagnosed as having myalgia and myositis, unspecified, chronic, restless leg syndrome, failed back surgery syndrome (lumbar), thoracic or lumbosacral radiculopathy, chronic, facet arthralgia, and low back pain. Treatment to date has included diagnostics, lumbar spinal surgeries, spinal cord stimulator (2008), and medications. Currently, the injured worker complains of severe low back pain with radiation to the left thigh, rated 7/10 with medication use and 10/10 without. Average pain level in the past month was 8/10. Pain interference with activities of daily living was rated 5/10. Her work status was permanent and stationary and she continued to work part time. She reported missing a lot of work recently due to migraines. CURES report was last addressed in 9/2014 and urine drug screen in 12/2014. Medications included Topamax, Dilaudid, Climara, Effexor XR, Trazadone, Requip, Promethazine, Docusate, Fentanyl, Percocet, and Gabapentin. A review of symptoms was positive for constipation, migraines, insomnia, anxiety, depression, and back and joint pain. She was prescribed Percocet, Fentanyl, Docusate, Promethazine, Requip and Gabapentin. Testing recommendations included Acetaminophen, complete blood count, Fentanyl and Norfentanyl serum, liver panel, Oxycodone and metabolite serum, urine drug screen, with alcohol and urinalysis.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Fentanyl & Norfentanyl serum: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Drug testing. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Drug Screen.

**Decision rationale:** According to the California MTUS Drug Screening section, Chronic Pain 2009 Guidelines, urine drug screening can be considered to monitor for abuse in those who are taking high risk, addictive narcotic pain medications. This injured worker is noted to be compliant with her medications, and is not at high risk for aberrant behavior. Medical necessity has not been established at this time.

**Acetaminophen test: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Drug testing. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Drug Screen.

**Decision rationale:** According to the California MTUS Drug Screening section, Chronic Pain 2009 Guidelines, urine drug screening can be considered to monitor for abuse in those who are taking high risk, addictive narcotic pain medications. This injured worker is noted to be compliant with her medications, and is not at high risk for aberrant behavior. Medical necessity has not been established at this time.

**Oxycodone and metabolite serum: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Drug testing. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Drug Screen.

**Decision rationale:** According to the California MTUS Drug Screening section, Chronic Pain 2009 Guidelines, urine drug screening can be considered to monitor for abuse in those who are taking high risk, addictive narcotic pain medications. This injured worker is noted to be compliant with her medications, and is not at high risk for aberrant behavior. Medical necessity has not been established at this time.

**Urine drug screen and alcohol: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Urine Drug Testing.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Drug testing. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Drug Screen.

**Decision rationale:** According to the California MTUS Drug Screening section, Chronic Pain 2009 Guidelines, urine drug screening can be considered to monitor for abuse in those who are taking high risk, addictive narcotic pain medications. This injured worker is noted to be compliant with her medications, and is not at high risk for aberrant behavior. Medical necessity has not been established at this time.

**Requip 1mg #180: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee and Leg.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Cheer, Susan M. Ropinirole, CNS Drugs, 2004; 18(11): 747-754.

**Decision rationale:** Requip is Ropinirole. The California MTUS and ODG do not make a statement on this medication. According to the drug compendiums (CNS Drugs, 2004), Ropinirole is indicated for restless leg syndrome. Ropinirole is a non-ergoline dopamine agonist that exhibits a high affinity for D2 and D3 receptors, but little no affinity for D1-like or non-dopaminergic receptors. This injured worker carries a diagnosis of restless leg syndrome, and as such, this request is medically necessary.

**Promethazine HCl 25mg #90: Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Antiemetics.

**Decision rationale:** According to the ODG, Promethazine is an antiemetic but it is not recommended for nausea and/or vomiting associated with chronic use of opiates. Within the submitted documentation, there is no clear support for the certification of this drug. It is

recommended to treat nausea and vomiting in pre-operative and post-operative conditions. Medical necessity has not been established.

**Percocet 10/325mg #120:** Overturned

**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, criteria for use, Opioids for chronic pain.

**Decision rationale:** Percocet is an opiate medication used to treat chronic pain. According to the California MTUS Chronic Pain Treatment Guidelines, ongoing use of opiate therapy requires documentation of the 4 A's. These 4 A's include analgesia, activities of daily living, aberrant behavior, and adverse events. Within the submitted documentation, these 4 A's have been met, as the injured worker has improved pain control, and ADLs. There is frequent monitoring, and no adverse events noted. Medical necessity has been substantiated. Therefore, the request is medically necessary.

**Gabapentin 800mg #350:** Overturned

**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): Antiepilepsy drugs (AEDs).

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines state that anti-epilepsy drugs are recommended for neuropathic pain. Gabapentin is an anti-epileptic drug and is considered first line for neuropathic pain. This injured worker has neuropathic pain, alleviated in part with the use of Gabapentin. There is documented improvement in function, ADLs, and quality of life with the use of Gabapentin. This request is supported and medically necessary.

**Fentanyl 50mcg/hr #15:** Overturned

**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): Fentanyl, Opioids for chronic pain.

**Decision rationale:** According to the California MTUS, Fentanyl Patch (Duragesic) is indicated for the management of chronic pain, in patients who require continuous opiate analgesia for pain that cannot be managed by any other means. This injured worker has had chronic pain, and has failed first line treatments. The addition of Fentanyl has helped the injured worker function, and has optimized quality of life. Furthermore, According to the California MTUS Chronic Pain

Treatment Guidelines, ongoing use of opiate therapy requires documentation of the 4 A's. These 4 A's include analgesia, activities of daily living, aberrant behavior, and adverse events. Within the submitted documentation, these 4 A's have been met, as the injured worker has improved pain control, and ADLs. There is frequent monitoring, and no adverse events noted. Medical necessity has been substantiated. Therefore, the request is medically necessary.

**Docusate sodium 100mg #270:** Overturned

**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, criteria for use.

**Decision rationale:** According to the California MTUS, while in the therapeutic phase of opioid treatment, prophylaxis against constipation is recommended. This injured worker is at high risk for opioid induced constipation, given the multiple opiates, and history of diabetes that can also predispose to impaired enteric motility. With this in mind, colace is reasonable and the request supported and medically necessary.