

Case Number:	CM13-0006436		
Date Assigned:	12/27/2013	Date of Injury:	11/11/2005
Decision Date:	02/27/2014	UR Denial Date:	07/19/2013
Priority:	Standard	Application Received:	08/02/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Pain Management has a subspecialty in Disability Evaluation and is licensed to practice in California, Florida, Maryland, and the District of Columbia. 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 physician 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:

This woman who was injured on November 11, 2005 thus with Brachial neuritis or radiculitis, shoulder adhesive capsulitis, Chronic Fatigue Syndrome, and Lumbo/Lumbosacral disc degeneration, who on March 26, 2013 encounter was noted with persistent severe shoulder and neck pain that radiates to the shoulder and right arm with loss of range of motion. Primary treating physician's progress report dated 03/26/13 indicates that the claimant is being seen for chronic pain in the lumbar spine and right shoulder that has associated stiffness and weakness. The claimant continues to have severe shoulder and neck pain that radiates to the shoulder and right arm. The claimant has loss of range of motion and minimal usage still. The claimant has more low backaches. The claimant believes symptoms are unchanged. Current medications include Duragesic 50 mcg/hr patch apply one patch every 48-72 hours, Lidoderm patches 5 percent apply up to 12 hours max a day, Valium 10 mg take 1 tablet orally twice daily as needed, and Zofran SL 8 mg take 1 tablet orally up to four times daily. The claimant is allergic to Celebrex, Codeine, Meclizine, and Ultram. Examination reveals that the claimant appears to be depressed, fatigued, and in moderate pain. The claimant does not show signs of intoxication or withdrawal. The claimant looks fatigued but is still able to sit for the evaluation instead of lying down. The provider prescribes medications to include Zofran for severe nausea due to medications, Valium use occasionally for anxiety and spasm, Duragesic 50 mcg/hour patch and Duragesic 12 meg/hour patch. The claimant remains temporarily total disabled. Primary treating physician's progress report dated 07/02/13 indicates that the claimant continues to have severe shoulder and neck pain that radiates to the shoulder and right arm. The claimant has loss of range of motion and minimal usage still. Low back is still very sore. The claimant has severe fatigue when leaving the house and traveling to appointments. Current medications include Duragesic 50

mcg/hr patch apply one patch every 48-72 hours, Lidoderm patches 5 percent apply up to 12 hours max a day, Valium 10 mg take 1 tablet orally twice daily as needed, Zofran SI 8 mg take 1 tablet orally up to four times daily, Flector 1.3 percent patch apply 1 every 12 hours as needed and Duragesic 12 mcg/hr apply 1-3 patches every 48-72 hours. The claimant is allergic to Celebrex, Codeine, Meclizine, and Ultram. Examination reveals that the claimant appears to be depressed, fatigued, and in moderate pain. The claimant does not show signs of intoxication or withdrawal. The claimant looks fatigued but is still able to sit for the evaluation instead of lying down. There is restricted range of motion of the cervical spine and right shoulder. Spurling's maneuver on the right side causes pain the muscles of the neck without radicular symptoms. Hawkins and Neer tests are positive. There is diffuse tenderness on palpation in the right shoulder girdle. The provider prescribes medications to include Zofran SI for severe nausea due to medications, Valium use occasionally for anxiety and spasm, Duragesic 50 mcg/hour patch, Duragesic 12 mcg/hour patch and Zofran SI 8 mg three times daily. The claimant is permanently disabled.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective/prospective usage of Duragesic Patch 50 mcg/hr: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duragesic Page(s): s 44-47.

Decision rationale: CA-MTUS (Effective July 18 2009), page 44 and 47 states that 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 [REDACTED] and marketed by [REDACTED] (both subsidiaries of [REDACTED]). 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. Fentanyl is an opioid analgesic with a potency eighty times that of morphine. Weaker opioids are less likely to produce adverse effects than stronger opioids such as fentanyl. The previous UR reviewed made contact with the treating physician, and documented the following" Provider states that claimant has been on the Duragesic patch since 2008 and that claimant has tried oral medications including Vicodin, Norco, OxyContin and developed nausea with these medications thus the need for the Duragesic patch. Provider states that the claimant's case is complicated by claimant's diagnosis of chronic fatigue. In the past the claimant has tried PT, chiropractic and acupuncture. Provider states that with the medications prescribed the claimant's function has improved including increased documented range of motion of the shoulder. Discussion included information regarding the need to abide by CA MTUS Opioid Guidelines, including risk assessment. Provider stated that the last urine drug test performed was about 1 year ago. Provider stated that there is no evidence of aberrant behavior. Nevertheless the last urine drug screen was about 1 year ago as noted above. The claimant continues to have

severe shoulder and neck pain that radiates to the shoulder and right arm. There is loss of motion with minimal usage. There are clinical deficits and limitations noted on exam. However, there is no CA MTUS opioid guideline documentation that includes current urine drug test, risk assessment profile, attempt at weaning/tapering, and an updated and signed pain contract between the provider and claimant. Considering all these factors, including information obtained from contact with provider, partial certification is recommended for retrospective usage of generic Duragesic 50mcg/hr patch and partial certification is recommended for prospective usage of generic Duragesic patch 50 mcg/hr x 1 month supply. Partial certification is recommended for retrospective usage of generic Duragesic patch, 25 mcg/hr atld partial certification is recommended for prospective usage of generic Duragesic 25mcg/hr patch x 1 month supply. Partial certification for one month supply was provided for initiation of downward titration and complete discontinuation of opioid on subsequent review, due to noncompliance of MTUS opioid guidelines or submission of all CA MTUS mandated document

Retrospective/ prospective usage of Valium 10 mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): s 24-127.

Decision rationale: According to Chronic Pain Medical Treatment guideline (MTUS 2009), page 24 of 127, Ativan(a class of benzodiazepine) is not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. (Baillargeon, 2003) (Ashton 2005).Based on the above guidelines, the Retrospective /prospective usage of Valium 10 mg is not medically necessary.

Retrospective /prospective usage of Zofran 8 mg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Mosby's Drug Consult

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Zofran Oral, WebMD

Decision rationale: This medication is used alone or with other medications to prevent nausea and vomiting caused by cancer drug treatment (chemotherapy) and radiation therapy. It is also used to prevent and treat nausea and vomiting after surgery. It works by blocking one of the body's natural substances (serotonin) that causes vomiting. there is no documentation of

subjective and objective findings of nausea or vomiting; therefore, medical necessity of Zofran is not established.

Retrospective/ prospective usage of Duragesic Patch 12 mcg/hr: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duragesic Page(s): s 44-47.

Decision rationale: CA-MTUS (Effective July 18 2009), page 44 and 47 states that 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 ██████████ 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. Fentanyl is an opioid analgesic with a potency eighty times that of morphine. Weaker opioids are less likely to produce adverse effects than stronger opioids such as fentanyl. The previous UR reviewed made contact with the treating physician, and documented the following" Provider states that claimant has been on the Duragesic patch since 2008 and that claimant has tried oral medications including Vicodin, Norco, OxyContin and developed nausea with these medications thus the need for the Duragesic patch. Provider states that the claimant's case is complicated by claimant's diagnosis of chronic fatigue. In the past the claimant has tried PT, chiropractic and acupuncture. Provider states that with the medications prescribed the claimant's function has improved including increased documented range of motion of the shoulder. Discussion included information regarding the need to abide by CA MTUS Opioid Guidelines, including risk assessment. Provider stated that the last urine drug test performed was about 1 year ago. Provider stated that there is no evidence of aberrant behavior. Nevertheless the last urine drug screen was about 1 year ago as noted above. The claimant continues to have severe shoulder and neck pain that radiates to the shoulder and right arm. There is loss of motion with minimal usage. There are clinical deficits and limitations noted on exam. However, there is no CA MTUS opioid guideline documentation that includes current urine drug test, risk assessment profile, attempt at weaning/tapering, and an updated and signed pain contract between the provider and claimant. Considering all these factors, including information obtained from contact with provider, partial certification is recommended for retrospective usage of generic Duragesic 50mcg/hr patch and partial certification is recommended for prospective usage of generic Duragesic patch 50 mcg/hr x 1 month supply. Partial certification is recommended for retrospective usage of generic Duragesic patch, 25 mcg/hr atld partial certification is recommended for prospective usage of generic Duragesic 25mcg/hr patch x 1 month supply. Partial certification for one month supply was provided for initiation of downward titration and complete discontinuation of opioid on subsequent review, due to noncompliance of MTUS opioid guidelines or submission of all CA MTUS mandated document