

Case Number:	CM13-0013547		
Date Assigned:	06/06/2014	Date of Injury:	10/15/1990
Decision Date:	10/09/2014	UR Denial Date:	07/23/2013
Priority:	Standard	Application Received:	08/16/2013

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 57-year-old female who has submitted a claim for degenerative joint disease/lumbosacral intervertebral disc disease; Post-laminectomy syndrome, lumbar region, status post 3 failed spine surgery (undated) ; Lumbago and MDD (psychotic) associated with industrial injury date of 10/15/90. Medical records from 2013 to 2014 were reviewed. The patient apparently sustained an injury while trying to lift her father to a sitting position. She then felt pain at the mid to lower back. She had persistent back pain and underwent physical therapy, spine surgery (3x) and medications to address this. However, there was still persistence of back pain. It was indicated in the reports submitted that patient has been on several oral medications including analgesics chronically but without improvement. Weaning off the oral opioid analgesics was done however this was not tolerated. The patient apparently comes in for follow-up according to a self-dictated treatment regimen. Multiple consults indicate the need for reduction in patient's medication intake due to concerns of addiction and chemical dependency. The patient denies addiction, however is obviously having a problem with dependency. A urine drug screen done 07/01/14 was consistent with the prescribed medications; however, several metabolites for un-prescribed medications were also noted, including metabolites of THC and Tramadol. Latest progress report date of 08/28/14 showed no changes in patient's symptoms described as 7-10/10 in severity, exacerbated by prolonged standing and sitting, lifting and bending. On physical examination, patient had pain and restricted ROM of the lumbar spine with normal motor and sensory examination. Plans were to refer patient for detoxification program and to decrease dose of oral medications with ultimate goal of weaning off of medications. Treatment to date has included physical therapy, surgery and medications (Oxycodone, Soma, Fentanyl, Diazepam, Duloxetine, Provigil, Risperidol, and Zolpidem, since at least July 2013). Utilization review date of 07/25/13 denied the request for outpatient purchase of Fentanyl

150mcg patch #15 and Soma 350mg #30. Fentanyl was denied because there was no evidence of failed treatment using other oral medications to address patient's pain symptoms. Soma was denied because there was no documented functional improvement with its use in the patient.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fentanyl 150mcg Patch, #15: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 44, 47, 78-81.

Decision rationale: As stated on pages 44, 47, and 78-81 of the California MTUS Chronic Pain Medical Treatment Guidelines, "Fentanyl is an opioid analgesic with potency eighty times that of morphine. Weaker opioids are less likely to produce adverse effects than stronger opioids such as fentanyl. Fentanyl transdermal is indicated for management of persistent chronic pain, which is moderate to severe requiring continuous, around-the-clock opioid therapy. It is likewise indicated when the pain cannot be managed by other means (e.g., NSAIDs). It should only be used in patients who are currently on opioid therapy for which tolerance has developed. Due to the significant side effects, it is not for use in routine musculoskeletal pain". Likewise, "there are 4 A's for ongoing monitoring of opioid use: pain relief, side effects, physical and psychosocial functioning and the occurrence of any potentially aberrant drug-related behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." In this case, the medical records are unclear regarding the duration of opiate use to date, only that it must have been used since at least July 2013. There was no documentation of the patient being started on first-line non-opioid means of pain control or other forms of oral opioid therapy for which tolerance has developed. Monitoring of outcomes with regards to her opioid use showed no functional and pain improvements and there was question of a possible aberrant drug behavior including possible chemical dependence, addiction and abuse. Likewise, urine drug screen dating back to at least 2013 showed metabolites of drugs inconsistent with prescribed medications including THC and Tramadol. Also, since patient is also diagnosed with a mental disorder and is taking benzodiazepines, she is not ideally suited to receive potent opioid therapy, like fentanyl, due to the high risk of developing a fatal overdose. Therefore, the request for outpatient pharmacy purchase of Fentanyl 150mcg patch #15 is not medically necessary.

Soma 350mg, #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants for pain Page(s): 29, 63-65.

Decision rationale: As stated on pages 29, 63-65 of the California MTUS Chronic Pain Medical Treatment Guidelines, the use of non-sedating muscle relaxants for pain is recommended as a second-line option for short term treatment of acute exacerbations in patients with chronic LBP and may be effective in reducing pain and muscle tension, and increasing mobility. However, it has not shown benefit beyond NSAIDs in pain and overall improvement. Likewise, its efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence as Carisoprodol is metabolized to Meprobamate, an anxiolytic that is a scheduled IV controlled substance and is not recommended for use longer than a 2 to 3 week period. In this case, there is no clear documentation of duration of Carisoprodol use, only that it must have been used since at least July 2013, exceeding the recommended 2-3 weeks of use. It is not recommended for long-term use due to the risk of dependence, especially when used with other substances such as opioids, because it augments and alters the effect of these drugs, further potentiating abuse and dependence. There has been no documentation of pain relief and improved functioning with the use of Carisoprodol. Moreover, the most recent physical examination failed to provide evidence of muscle spasm; there is no clear indication for Soma at this time. Therefore, the request for outpatient pharmacy purchase of Soma 350mg #30 is not medically necessary.