

Case Number:	CM13-0019954		
Date Assigned:	10/11/2013	Date of Injury:	04/03/1983
Decision Date:	02/04/2014	UR Denial Date:	08/07/2013
Priority:	Standard	Application Received:	09/04/2013

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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in California. 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:

The claimant is a 62-year-old man who sustained a work injury on April 3 1983. He has a past medical history significant for hypertension, hepatitis C, diabetes, GERD, L4-S1 fusion. The patient developed chronic lumbar pain, knee arthritis, cubital tunnel syndrome, shoulder impingement and depression secondary to his chronic pain. According to the note of [REDACTED] the patient still has cervical lumbar and knee pain. His physical examination showed low back range of motion. The patient was treated with physical therapy pain medications, radiofrequency ablation, trigger point injections, 2 destruction by neurolytic agents at cervical and thoracic facet joint nerves, knees injections, and psychotherapy. The provider is requesting authorization for several medications described below

IMR ISSUES, DECISIONS AND RATIONALES

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

prescription of 15 Fentanyl patch 75mcg/hr: Upheld

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

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

Decision rationale: 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 approach 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. There is no documentation in the patient records supporting the efficacy of Fentanyl patches. Because of lack of efficacy, the provider was previously denied the use of Fentanyl and was given enough time to wean the patient. Based on the above, Fentanyl patch is not medically necessary.

prescription of 20 Tegaderm patches: 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): 75-81.

Decision rationale: Tegaderm is an adhesive wound dressing used to allow better adhesion of the Fentanyl Patch. As the Fentanyl patch is not medically necessary, there is no need for Tegaderm patch, which is not medically necessary.

prescription of 120 Oxycodone 5 mg: Upheld

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

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. Furthermore, there is no documentation of efficacy or functional restoration in this patient with the use of Oxycodone. Therefore, the long-term use of Oxycodone 5mg # 120 is not medically necessary.

prescription of 60 Aciphex 20: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section NSAIDs, GI symptoms & cardiovascular risk Page(s): 68.

Decision rationale: According to MTUS guidelines, Aciphex as well as other proton pump inhibitors are when NSAID are used in patients with intermediate or high risk for gastrointestinal events. The risk for gastrointestinal events are: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). There is no documentation in the patient's chart supporting that she is at intermediate or high risk for developing gastrointestinal events. Furthermore, there is no documentation that the patient is currently taking NSAIDs. Therefore, Aciphex 20 mg # 60 mg is not medically necessary.

prescription of 30 Nuvigil 250mg: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Black, J. E., et al. (2010). "The long-term tolerability and efficacy of armodafinil in patients with excessive sleepiness associated with treated obstructive sleep apnea, shift work disorder, or narcolepsy: an open-label extension study." J Clin Sleep Med 6(5): 4

Decision rationale: MTUS guidelines are silent regarding the use of Nuvigil. Armodafinil (Nuvigil) is indicated to use to treat excessive sleepiness caused by narcolepsy or shift work sleep disorder. According to the patient file, there is no documentation of sleepiness from shift work disorder and narcolepsy. The sleepiness is most likely related to the use of opioids. Therefore, 30 Nuvigil 250mg is not medically necessary.

prescription of 120 Neudexta 20/10 mg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Miller RG, et al. Quality Standards Subcommittee of the American Academy of Neurology. Practice parameter update: the care of the patient with amyotrophic lateral sclerosis: multidisciplinary care, symptom management, and cognitive/behavioral impairment (an evidenc

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Cruz, M. P. (2013). "Nuedexta for the treatment of pseudobulbar affect: a condition of involuntary crying or laughing." P T 38(6): 325-328

Decision rationale: Neudexta is indicated to treat pseudobulbar affect in patients with amyotrophic lateral sclerosis. In this case, there is no documentation that the patient has amyotrophic lateral sclerosis or pseudobulbar affect. Therefore, Neudexta 20/10 # 120 is not medically necessary.

prescription of 60 Wellbutrin 150mg XR: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Bupropion Page(s): 16.

Decision rationale: According to MTUS guidelines, Wellbutrin showed some efficacy in the treatment of neuropathic pain. However, there is no evidence of its effectiveness in chronic neck and back pain. Although the drug was previously used for this patient to treat depression, there is no recent documented evidence of its efficacy. Based on the above, the prescription of Wellbutrin 150 mg XR # 60 is not medically necessary