

Case Number:	CM13-0027379		
Date Assigned:	01/10/2014	Date of Injury:	09/25/2003
Decision Date:	03/19/2014	UR Denial Date:	08/28/2013
Priority:	Standard	Application Received:	09/20/2013

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 Internal 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:

According to the records made available for review, this is a 59-year-old male with a 9/25/03 date of injury. At the time of request for authorization for Fentanyl patch 25mcg (unknown quantity), Pamelor 10mg #30, MS Contin 30mg #60, and urine drug screen, there is documentation of subjective (neck and shoulder pain as well as low back pain radiating to the lower extremities) and objective (no pertinent findings) findings, current diagnoses (post-laminectomy syndrome, cervical region; displacement of cervical intervertebral disc without myelopathy; displacement of thoracic or lumbar intervertebral disc without myelopathy; and thoracic or lumbosacral neuritis or radiculitis), and treatment to date (physical therapy, trigger pint injection, lumbar epidural steroid injection, chiropractic treatment, and medications (including MS Contin since at least 8/7/12 and Pamelor since at least 10/11/12)). The 8/28/13 UR determination identifies that per the physician, Fentanyl patch might be advisable since the patient had a history of Crohn's disease. Regarding Fentanyl patch, there is no documentation of persistent, moderate to severe chronic pain that requires continuous, around-the-clock opioid administration for an extended period of time, and cannot be managed by other means; has demonstrated opioid tolerance, and requires a total daily dose at least equivalent to Duragesic® 25 mcg/h; and no contraindications exist. Regarding Pamelor, there is no documentation of the intention to treat over a short course and functional benefit received from the medication. Regarding MS Contin, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, side effects, and utilization limited to short-term. Regarding urine drug screen, there is no documentation of abuse, addiction, or poor pain control.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fentanyl patch 25 mcg (unknown quantity): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 44. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Section Pain, Duragesic and Fentanyl; and the FDA.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines identify documentation of chronic pain in patients who require continuous opioid analgesia for pain that cannot be managed by other means, as criteria necessary to support the medical necessity of Duragesic. The MTUS Chronic Pain Medical Treatment Guidelines identify that Duragesic is not recommended as first-line therapy. The ODG identifies documentation that Duragesic is not for use in routine musculoskeletal pain. The FDA identifies documentation of persistent, moderate to severe chronic pain that requires continuous, around-the-clock opioid administration for an extended period of time, and cannot be managed by other means; that the patient is already receiving opioid therapy, has demonstrated opioid tolerance, and requires a total daily dose at least equivalent to Duragesic®25 mcg/h; and no contraindications exist, as criteria necessary to support the medical necessity of Fentanyl patch. Within the medical information available for review, there is documentation of diagnoses of post-laminectomy syndrome, cervical region; displacement of cervical intervertebral disc without myelopathy; displacement of thoracic or lumbar intervertebral disc without myelopathy; and thoracic or lumbosacral neuritis or radiculitis. In addition, there is documentation that the employee is already receiving opioid therapy. However, there is no documentation of persistent, moderate to severe chronic pain that requires continuous, around-the-clock opioid administration for an extended period of time, and cannot be managed by other means; has demonstrated opioid tolerance, and requires a total daily dose at least equivalent to Duragesic®25 mcg/h; and no contraindications exist. Therefore, based on guidelines and a review of the evidence, the request for Fentanyl patch 25mcg (unknown quantity) is not medically necessary.

Pamelor 10 mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Section Low Back Pain:.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Section Antidepressants for Chronic Pain Page(s):.

Decision rationale: The MTUS guidelines' reference to ACOEM identifies documentation of chronic low back pain (short-term pain relief) or neuropathic pain, as criteria necessary to support the medical necessity of Pamelor. Within the medical information available for review, there is documentation of diagnoses of post-laminectomy syndrome, cervical region;

displacement of cervical intervertebral disc without myelopathy; displacement of thoracic or lumbar intervertebral disc without myelopathy; and thoracic or lumbosacral neuritis or radiculitis. In addition, given documentation of subjective findings (low back pain radiating to the lower extremities) and a diagnosis of lumbosacral neuritis or radiculitis, there is documentation of low back pain and neuropathic pain. However, given documentation of records reflecting prescriptions for Pamelor since at least 10/11/12, there is no documentation of the intention to treat over a short course. In addition, there is no documentation of the functional benefit received from the medication. Therefore, based on guidelines and a review of the evidence, the request for Pamelor 10mg #30 is not medically necessary.

MS Contin 30 mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Section Opioids Page(s): 74-81..

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines necessitate documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of opioids. In addition, MTUS Chronic Pain Medical Treatment Guidelines identify that opioids for chronic back pain appear to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited. Within the medical information available for review, there is documentation of diagnoses of post-laminectomy syndrome, cervical region; displacement of cervical intervertebral disc without myelopathy; displacement of thoracic or lumbar intervertebral disc without myelopathy; and thoracic or lumbosacral neuritis or radiculitis. However, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In addition, given documentation of MS Contin since at least 8/7/12, there is no documentation of short-term treatment. Therefore, based on guidelines and a review of the evidence, the request for MS Contin 30mg #60 is not medically necessary.

Urine drug screen: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Section On-Going Management Page(s): 78..

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines identify documentation of abuse, addiction, or poor pain control in patient under on-going opioid

treatment as criteria necessary to support the medical necessity of Urine Drug Screen. Within the medical information available for review, there is documentation of diagnoses of post-laminectomy syndrome, cervical region; displacement of cervical intervertebral disc without myelopathy; displacement of thoracic or lumbar intervertebral disc without myelopathy; and thoracic or lumbosacral neuritis or radiculitis. However, despite documentation of on-going opioid treatment, there is no documentation of abuse, addiction, or poor pain control. Therefore, based on guidelines and a review of the evidence, the request for Urine drug screen is not medically necessary.