

Case Number:	CM13-0057274		
Date Assigned:	12/30/2013	Date of Injury:	06/25/2004
Decision Date:	04/28/2014	UR Denial Date:	11/06/2013
Priority:	Standard	Application Received:	11/25/2013

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 Physical Medicine and Rehabilitation, 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 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 55- year old male who injured his back on 6/25/04. The patient has chronic pain that has failed conservative measures, and is now opioid dependent. Lumbar and cervical MRI shows degenerative changes. EMG from 3/15/12 shows bilateral L5 and right S1 radiculopathy. EMG on 3/30/11 shows mild bilateral C6 radiculopathy and bilateral CTS. The patient was evaluated for surgery on failure of care, and a 2-level fusion was initially recommended. The patient wishes to avoid surgery for numerous reasons, not the least of which is his age and medical co-morbidities. His history is significant for hepatitis from IV drug use, NIDDM and medication induced gastritis. Multiple requests were reviewed in Utilization Review on 11/06/13. As the patient does not have a history of failed surgery, the SCS trial was not recommended for certification. Multiple medications were also not recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

SPINAL CORD STIMULATOR TRIAL PERFORMED ON 10/9/13: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 101, 107. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Spinal cord stimulators (SCS) Page(s): 101-107.

Decision rationale: Guidelines support a SCS trial to determine if a permanent implant would be beneficial in patients with Failed Back Syndrome, CRPS, post amputation pain/phantom limb pain, post herpetic neuralgia, spinal cord injury dysesthesias, multiple sclerosis related pain, and peripheral vascular disease, where insufficient blood flow to the lower extremity causes pain. This patient has none of these conditions, and has not had back surgery. The patient does not meet guideline criteria for SCS trial. Medical necessity for a SCS is not established.

DURAGESIC 25 MCG #15 PROVIDED ON 10/9/13: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 44.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids; Duragesic/Fentanyl Page(s): 74-96; 44, 47.

Decision rationale: Guidelines do not recommend Duragesic as first-line therapy, but it is supported in the management of chronic pain patients who require continuous opioid analgesia not managed by other means. This patient has failed conservative care, and has been on multiple medications, including other opioids. He has objective findings that have supported lumbar fusion surgery, but due to medical co-morbidities, has elected to forgo surgery for now. In the meantime, submitted PTP reports indicate that the patient has gone from a 50 mcg patch down to a 25 mcg patch. The patient also has drug abuse issues in the past and withdrawal syndrome. Given that doses are being reduced and movement toward weaning/minimizing opioids is a positive move. I recommend continued weaning. For these reasons, this reduced dosage Duragesic patch is medically necessary.

FEXMID 7.5MG #60 PROVIDED ON 10/9/13: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-66.

Decision rationale: Muscle relaxants, such as Cyclobenzaprine, are guideline supported as an adjunct pain medication in treatment of patients with back pain. Treatment is recommended for a short course. In this case, however, the patient is reducing opioid medications (Duragesic patch from 50 mcg to 25 mcg), and this adjunct medication is appropriate to keep using during this transition, as multiple medication changes can result in rebound pain and may negatively affect the process of reducing opioids. Medical necessity for Fexmid is established.

PRILOSEC 20GM #60 PROVIDED ON 10/9/13: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG,NSAIDs, GI symptoms & cardiovascular risk

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS (non-steroidal anti-inflammatory drugs) Page(s): 67-73.

Decision rationale: GI protectants are supported for GI issues such as gastritis, GERD and ulcer. This patient is noted to have issues with medication induced gastritis. Use of Prilosec is appropriate for this condition. Medical necessity for Prilosec is established.

ZOFRAN ODT 8MG #10 PROVIDED ON 10/9/13: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG,Pain Chapter, Zolfran

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 (for opioid nausea)

Decision rationale: Guidelines do not support use of antiemetics, such as Zofran, for nausea and vomiting secondary to chronic opioid use. While nausea and vomiting is common with use of opioids, these effects diminish with continued exposure. Zofran, specifically, is only approved for nausea/vomiting secondary chemotherapy and radiation, postoperative use, and for gastroenteritis. This patient has none of these conditions, and documentation does not reflect any clear symptoms of problematic nausea and vomiting that supports use of antiemetics. Medical necessity for Zofran is not established.

DENDRACIN CREAM PROVIDED ON 10/9/13: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: The CA MTUS notes that with regards to compounded products, they are not recommended if one drug/class is not recommended. Guidelines go on to state that if a compounded agent is required, there should be clear knowledge of the specific analgesic effect of each agent and how it would be useful for a specific goal required. The compounded topical in this case contains Methyl Salicylate, Menthol and Capsaicin. Methyl Salicylate is only indicated for short-term use (topical NSAID). Topical NSAIDS are only supported for short-term treatment of joints amenable. I do not see any clear documentation that suggests that the requesting physician has clear knowledge of why each specific agent is being combined or what specific goal would be achieved by compounding these specific ingredients together. Medical necessity for Dendracin is not established.

