

Case Number:	CM13-0070507		
Date Assigned:	01/03/2014	Date of Injury:	10/22/1999
Decision Date:	04/21/2014	UR Denial Date:	12/03/2013
Priority:	Standard	Application Received:	12/20/2013

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 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 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 60-year-old male who reported an injury on 10/22/1999. The mechanism of injury was not provided. The patient's medication history included opiates as of 2012. The original request for Fentanyl, Gabapentin and Norco was not provided for review. However, the documentation of 10/28/2013 in appeal indicated that the patient had 50% improvement in neuropathic lower extremity pain with Gabapentin and had 50% improvement of the patient's constant pain with improved activities of daily living, so the patient was able to perform self care including dressing and food preparation regarding the Fentanyl patch. It was also indicated that the patient had an up-to-date pain contract, and his previous urine drug screens were consistent. Additionally, it was indicated that the patient had 40% improvement of the severe breakthrough pain, which allowed him to perform his activities of daily living, such as self care and dressing in response to Norco. The patient's subjective complaints were noted to be bilateral lumbar back pain radiating into his lower extremities and left buttock in a radicular pattern, primarily in the anterior thigh distribution, correlating with his clinical lower limb radiculopathy. The patient's diagnoses were noted to include L3-4 radiculopathy, lumbar postlaminectomy syndrome, central L2-3 disc protrusions causing severe central and neural foraminal L2-3 spinal stenosis, status post lumbar fusion at L3-5 and status post rhizotomy of the left sacroiliac joint and status post positive fluoroscopically-guided diagnostic left sacroiliac injection as well as peptic ulcer disease. A request was again made for Fentanyl, Gabapentin and Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

FENTANYL PATCH EVERY 3 DAYS #10: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duragesic (fentanyl), section on Opioids Page(s): 44, 78, 86.

Decision rationale: The MTUS Chronic Pain Guidelines indicate that Duragesic (fentanyl) is not recommended as a first-line therapy. 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. MTUS Chronic Pain Guidelines indicate there should be documentation of an objective improvement in function, an objective decrease in the VAS score, and evidence that the patient is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review indicated that the patient was being monitored for aberrant drug behavior. There was a lack of documentation of objective functional improvement and an objective decrease in the VAS score. It was indicated that the patient could perform self care, dressing and food preparation; however, the documentation failed to specify what could be performed that could not previously be performed. The request as submitted failed to indicate the strength of the medication being requested. Given the above, the request for 10 Fentanyl patches every 3 days is not medically necessary and appropriate.

GABAPENTIN 600MG #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines anti-epilepsy drugs for pain..

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

Decision rationale: The MTUS Chronic Pain Guidelines recommend antiepileptic medications as a first line medication for treatment of neuropathic pain and indicate there should be documentation of an objective decrease in pain and an objective functional improvement. The clinical documentation submitted for review indicated that the patient had neuropathic pain. There was a lack of documentation of objective functional improvement and an objective decrease in the VAS score. It was indicated that the patient could perform self-care, dressing and food preparation; however, the documentation failed to specify what could be performed that could not previously be performed. Given the above, the request for 90 Gabapentin 600 mg is not medically necessary and appropriate.

NORCO 10/325MG #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids for chronic pain..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 60, 78, 86.

Decision rationale: The MTUS Chronic Pain Guidelines recommend opiates for chronic pain. MTUS Chronic Pain Guidelines indicate there should be documentation of an objective improvement in function, an objective decrease in the VAS score, and evidence that the patient is being monitored for aberrant drug behavior and side effects. The patient was noted to be taking opioids as of 2012. There was a lack of documentation of objective functional improvement and an objective decrease in the VAS score. It was indicated that the patient could perform self-care, dressing and food preparation; however, the documentation failed to specify what could be performed that could not previously be performed. There was documented evidence that the patient was being monitored for aberrant drug behavior and side effects. Given the above, the request for 180 Norco 10/325 mg is not medically necessary.