

Case Number:	CM13-0071291		
Date Assigned:	05/07/2014	Date of Injury:	08/10/2011
Decision Date:	06/12/2014	UR Denial Date:	10/28/2013
Priority:	Standard	Application Received:	12/27/2013

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 injured worker is a 44 year old male who reported an injury on 08/10/2001 secondary to an unknown mechanism of injury. He was noted to be paraplegic and have mild depression. An intrathecal pain pump was implanted on 06/16/2010. The injured worker was evaluated on 10/08/2013 and reported ongoing low back pain. He rated his pain at 9/10 without medications and a 7/10 with medications. Medications at that time were noted to include Duragesic patches, Cymbalta, Prilosec, and Xanax, with Dilaudid, Bupivacaine, and Baclofen administered through his intrathecal pump. It was noted that he had used these medications since at least 04/23/2013. He also reported at that time that his Xanax and patches caused him to have heartburn and gastrointestinal upset. It was noted that this has been an ongoing issue since he began his medications. The injured worker was recommended for a refill of Duragesic patches 25mcg and Xanax 1mg. The documentation submitted for review failed to provide a request for authorization form.

IMR ISSUES, DECISIONS AND RATIONALES

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

DURAGESIC PATCH 25 MCG, # 20 DISPENSED ON 10/8/2013: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid's Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use, Page(s): 78.

Decision rationale: Duragesic is a fentanyl transdermal therapeutic system, which releases fentanyl, an opioid analgesic with a potency eighty times that of morphine, slowly through the skin. California MTUS Guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects in order to warrant continued opioid use. In this case, the patient reported 30% pain relief with the use of his pain medications, which is not significant to warrant continued use of this medication. Additionally, the injured worker was noted to have an intrathecal pain pump which infuses Dilaudid, Bupivacaine, and Baclofen. While there may be some evidence to warrant a short-acting medication for breakthrough pain, there is not sufficient documented evidence to indicate that the patient would benefit from additional long-acting opioids beyond the medications he is receiving through his intrathecal pump. Furthermore, there is a lack of documented evidence of specific functional improvements as a result of his medication use, and there are no documented drug screens to indicate appropriate use of Duragesic. As such, the request for Duragesic patch 25mcg, #20 dispensed on 10/08/2013 is not medically necessary and appropriate.

XANAX 1 MG, # 60 DISPENSED ON 10/8/2013: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: The California MTUS Guidelines do not recommend benzodiazepines for use longer than 4 weeks because long-term efficacy is unproven and there is a risk of dependence. It was noted that the injured worker has used this medication since at least 04/23/2013 which is excessive according to the duration of use recommended by evidence-based guidelines. The MTUS guidelines also state that a more appropriate treatment for anxiety disorder is an antidepressant. The claimant was noted to have mild depression and was using Cymbalta at the time of the request. There was no documentation of anxiety symptoms or diagnoses at the time of the request according to the medical records submitted for review. There is not sufficient documented evidence to indicate that he would benefit from additional medications for the treatment of his depression. As such, the request for Xanax 1mg, #60 dispensed on 10/08/2013 is not medically necessary and appropriate.