

Case Number:	CM13-0071720		
Date Assigned:	01/08/2014	Date of Injury:	07/01/2005
Decision Date:	06/12/2014	UR Denial Date:	12/17/2013
Priority:	Standard	Application Received:	12/30/2013

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 injured worker reported an injury on 07/01/2005. The mechanism of injury was a repetitive stress injury. The injured worker's medication history included Duragesic, Norco and Lidoderm as of 02/2013 and muscle relaxants as of 04/2013. The most current documentation submitted for review was dated 08/22/2013, and it indicated that the injured worker used Fentanyl patches for the management of the right upper limb pain and low back pain. It was indicated that with the current dosage, the injured worker was able to function and perform daily activities. The injured worker utilized Norco 10/325 once a day if the pain was severe. The pain medication allowed the injured worker to function, perform ADLs and take care of her child. The pain level was a 4/10 to 5/10 with medications. The pain level without medications was an 8/10. It was indicated that the injured worker had constipation and MiraLAX helped. It was indicated that the injured worker utilized cyclobenzaprine sparingly when she had neck or low back spasms. The diagnoses included central pain syndrome; CRPS type 1; depressive disorder, NEC; epicondylitis; ligament sprain, knee and hip; and lumbar radiculopathy. The treatment plan included the continuation of the current medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE REQUEST FOR NORCO 10/325MG #30 (DOS 9/27/2013): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When To Continue Opioids Page(s): 80,82.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications For Chronic Pain, Ongoing Management, and Opioid Dosing Page(s): 60,78,86.

Decision rationale: The California MTUS Guidelines recommend opiates for the treatment of chronic pain. There should be documentation of objective functional improvement and an objective decrease in pain as well as evidence that the patient is being monitored for aberrant drug behaviors and side effects. The cumulative dosing of all opiates should not exceed 120 mg of oral morphine equivalents per day. The clinical documentation submitted for review indicated that the injured worker had been utilizing the medication for greater than 6 months. There was no DWC form RFA nor PR-2 for the requested date of service of 09/27/2013. The physician documentation indicated that the injured worker was utilizing Duragesic 12 mcg/hr every other day and 50 mcg every other day. Norco was being utilized at 1 every 4 to 6 hours. The oral morphine equivalence of the cumulative dosing, depending upon the timing of the patches as well as the quantity of the oral opiates used, would be a 208.8 oral morphine equivalents dose, which exceeds the guideline recommendations. The request submitted failed to indicate the frequency for the requested medication. Given the above, the request for retrospective Norco 10/325 mg #30 (DOS 09/27/2013) is not medically necessary and appropriate.

RETROSPECTIVE REQUEST FOR DURAGESIC 12MCG#15 (DOS 9/27/2013): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duragesic Page(s): 44,47.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duragesic (Fentanyl), Ongoing Management, and Opioid Dosing Page(s): 44,78,86.

Decision rationale: California MTUS 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. There should be documentation of an objective improvement in function, an objective decrease in pain, and evidence that the patient is being monitored for aberrant drug behavior and side effects. The cumulative dosing of all opiates should not exceed 120 mg oral morphine equivalents per day. The clinical documentation submitted for review indicated that the injured worker had been utilizing the medication for greater than 6 months. There was no DWC form RFA nor PR-2 for the requested date of service of 09/27/2013. The physician documentation indicated that the injured worker was utilizing Duragesic 12 mcg/hr every other day and 50 mcg every other day. Norco was being utilized at 1 every 4 to 6 hours. The oral morphine equivalence of the cumulative dosing, depending upon the timing of the patches as well as the quantity of the oral opiates used, would be a 208.8 oral morphine equivalents dose, which exceeds the guideline recommendations. The request submitted failed to indicate the frequency for the requested medication. Given the above, the request for retrospective Duragesic 12 mcg #15 (DOS 09/27/2013) is not medically necessary and appropriate.

DURAGESIC 50MCG #15 (DOS 9/27/2013): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duragesic Page(s): 44,47.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duragesic (Fentanyl), Ongoing Management, and Opioid Dosing Page(s): 44,78,86.

Decision rationale: California MTUS 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. There should be documentation of an objective improvement in function, an objective decrease in pain, and evidence that the patient is being monitored for aberrant drug behavior and side effects. The cumulative dosing of all opiates should not exceed 120 mg oral morphine equivalents per day. The clinical documentation submitted for review indicated that the injured worker had been utilizing the medication for greater than 6 months. There was no DWC form RFA nor PR-2 for the requested date of service of 09/27/2013. The physician documentation indicated that the injured worker was utilizing Duragesic 12 mcg/hr every other day and 50 mcg every other day. Norco was being utilized at 1 every 4 to 6 hours. The oral morphine equivalence of the cumulative dosing, depending upon the timing of the patches as well as the quantity of the oral opiates used, would be a 208.8 oral morphine equivalents dose, which exceeds the guideline recommendations. The request submitted failed to indicate the frequency for the requested medication. Given the above, the request for retrospective Duragesic 50 mcg #15 (DOS 09/27/2013) is not medically necessary and appropriate.

RETROSPECTIVE REQUEST FOR FLEXERIL 10MG #30 (DOS 9/27/2013): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

Decision rationale: The California MTUS Guidelines recommend muscle relaxants as a second-line option for the short-term treatment of acute low back pain, and their use is recommended for less than 3 weeks. There should be documentation of objective functional improvement. The clinical documentation submitted for review indicated that the injured worker had been utilizing the medication for greater than 4 months. There was a lack of documentation of objective functional improvement with the medication. There was a lack of documentation indicating that the injured worker had objective findings of muscle spasms to support the necessity for ongoing use. There was a lack of documentation of the DWC Form RFA and PR-2 for the date of service of 09/27/2013. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for retrospective Flexeril 10 mg #30 (DOS 09/27/2013) is not medically necessary and appropriate.

RETROSPECTIVE REQUEST FOR LIDODERM 5% #30 (DOS 9/27/2013): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm Page(s): 112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm Page(s): 56-57.

Decision rationale: California MTUS Guidelines indicate that topical lidocaine (Lidoderm) may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. The clinical documentation submitted for review indicated that the injured worker had been utilizing the medication for 6 months. There was a lack of documentation indicating that the injured worker had trialed and failed tricyclics or SNRI antidepressants or an AED such as gabapentin or Lyrica. There was a lack of documentation of the efficacy of the requested medication. The request as submitted failed to indicate the frequency for the requested medication. Additionally, there was a lack of documentation of a DWC Form RFA or a PR-2 to support the request. Given the above, the request for retrospective Lidoderm 5% #30 (DOS 09/27/2013) is not medically necessary and appropriate.