

Case Number:	CM14-0004829		
Date Assigned:	01/24/2014	Date of Injury:	08/13/2001
Decision Date:	06/20/2014	UR Denial Date:	12/17/2013
Priority:	Standard	Application Received:	01/13/2014

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 & Rehabilitation and is licensed to practice in Texas and Oklahoma. 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 65-year-old female who reported an injury on 01/06/2000. The mechanism of injury was not stated. Current diagnoses include post laminectomy syndrome in the lumbar region, lumbago, and thoracic/lumbosacral neuritis/radiculitis. The injured worker was evaluated on 11/05/2013. The injured worker reported persistent pain with activity limitation. Current medications include Actiq, Ambien CR, Celebrex, Cymbalta, Fentanyl patch, Lidoderm patch, Lyrica, methadone, prednisone, and Zanaflex. Physical examination revealed no acute distress, severe baseline low back pain, and right lower extremity pain. Treatment recommendations included continuation of current medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

FENTORA 80 MCG #28: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78,82,86,89. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 47.

Decision rationale: California MTUS Guidelines state Fentora is not recommended for musculoskeletal pain. Fentora is an opioid pain killer currently approved for the treatment of breakthrough pain in certain cancer patients. As California MTUS Guidelines do not recommend the use of Fentora, the current request is not medically appropriate. There is also no frequency listed in the current request. As such, the request is not medically necessary.

FENTANYL PATCH 100 MCGM Q2D #15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78,82,86,89. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back.

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

Decision rationale: California MTUS Guidelines state a Fentanyl transdermal system is not recommended as a first line therapy. Fentanyl transdermal system is indicated in the management of chronic pain in patients who require continuous opioid analgesia for pain that cannot be managed by other means. As per the documentation submitted, the injured worker has utilized Fentanyl patch 100 micrograms since 07/2013 without any evidence of objective functional improvement. The injured worker continues to report high levels of pain with poor sleep quality and activity limitation. Therefore, the ongoing use of this medication cannot be determined as medically appropriate. As such, the request is not medically necessary.

OXYCODONE 20 MG #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78,82,86,89. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

Decision rationale: California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of nonopioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects should occur. As per the documentation submitted, the injured worker has utilized oxycodone since 08/2013. There is no evidence of objective functional improvement as a result of the ongoing use of this medication. There is also no frequency listed in the current request. As such, the request is not medically necessary.

METHADONE 10 MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78,82,86,89. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 61-62.

Decision rationale: California MTUS Guidelines state methadone is recommended as a second line drug for moderate to severe pain if the potential benefit outweighs the risk. As per the documentation submitted, the injured worker has utilized methadone since 07/2013. There is no evidence of objective functional improvement as a result of the ongoing use of this medication. There is also no frequency listed in the current request. Therefore, the request is not medically necessary.

PREDNISONONE 5 MG #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78,82,86,89. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310.

Decision rationale: CA MTUS/ACOEM states Official Disability Guidelines state oral corticosteroids are not recommended for low back pain. Therefore, the current request is not medically appropriate. There is also no frequency listed in the current request. As such, the request is not medically necessary.

ACTIQ 1600 MCGM #210: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78,82,86,89. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 12.

Decision rationale: California MTUS Guidelines state Actiq is not recommended for musculoskeletal pain. Actiq is indicated only for the management of breakthrough cancer pain in patients with malignancies who are already receiving and who are tolerant to opioid therapy for their underlying persistent cancer pain. The injured worker has utilized Actiq since 07/2013. There is a lack of documented efficacy for this medication to support continuation. As guidelines do not recommend the requested medication for musculoskeletal pain, the current request is not medically appropriate. As such, the request is not medically necessary.

CYMBALTA 60 MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78,82,86,89. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13-16.

Decision rationale: California MTUS Guidelines state Cymbalta is FDA approved for anxiety, depression, diabetic neuropathy, and fibromyalgia. It is also used off label for neuropathic pain and radiculopathy. As per the documentation submitted, the injured worker has utilized Cymbalta 60 mg since 08/2013. There is no evidence of objective functional improvement as a result of the ongoing use of this medication. There is also no frequency listed in the current request. As such, the request is not medically necessary.

LYRICA 200 MG #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78,82,86,89. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-20.

Decision rationale: California MTUS Guidelines state Lyrica has been documented to be effective in treatment of diabetic neuropathy and postherpetic neuralgia, and has been FDA approved for both indications. As per the documentation submitted, the injured worker has utilized Lyrica 200 mg since 08/2013. There is no documentation of objective functional improvement as a result of the ongoing use of this medication. There is also no frequency listed in the current request. As such, the request is not medically necessary.

ZANAFLEX 4 MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78,82,86,89. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back.

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

Decision rationale: California MTUS Guidelines state muscle relaxants are recommended as nonsedating second line options for short term treatment of acute exacerbations. Efficacy appears to diminish over time and prolonged use may lead to dependence. The injured worker has utilized Zanaflex 4 mg since 05/2013. There is no evidence of objective functional improvement. There was also no documentation of palpable muscle spasm or spasticity upon physical examination. Guidelines do not recommend long term use of this medication. There is also no frequency listed in the current request. As such, the request is not medically necessary.

FIORINAL WITH CODEINE #80: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78,82,86,89. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23.

Decision rationale: California MTUS Guidelines state barbituate containing analgesic agents are not recommended for chronic pain. There is a risk of medication overuse as well as rebound headache. As per the documentation submitted, the injured worker has utilized Fiorinal with Codeine since 08/2013 without any evidence of objective functional improvement. There is also no frequency listed in the current request. Therefore, the request is not medically necessary.