

Case Number:	CM14-0102254		
Date Assigned:	08/01/2014	Date of Injury:	11/27/2000
Decision Date:	09/15/2014	UR Denial Date:	06/16/2014
Priority:	Standard	Application Received:	07/02/2014

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 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 52-year-old female who reported an injury on 11/27/2000, of an unspecified cause of injury. The injured worker had a history of bilateral shoulder and neck pain. The injured worker had diagnoses of cervical radiculopathy, neck pain, right shoulder pain strain, chronic pain syndrome, tension headache, chronic pain-related insomnia, myofascial syndrome, narcotic dependence, neuropathic pain, and cephalgia. The past pertinent surgeries included a cervical fusion with multiple revisions and status post right shoulder surgery. No diagnostics available for review. The medications included fentanyl patch 50 mcg, Norco 10/325, Ketoflex ointment, Trepadone no mg, and Theramine. The injured worker had a 1/10 that was at this visit from last visit averages a 5/10 and without pains a 9/10 with pain medication a 0/10. The past treatments included urinalysis x5. Per the 05/12/2014 clinical notes, the injured worker is feeling physically well, able to do yard work; activities of daily living have improved. No objective findings noted per chart note other than vital signs. The request for authorization dated 08/01/2014 for the Duragesic patch and the drug screen was provided with documentation. The request for authorization for Ketoflex ointment, Trepadone and Tramadol was not provided. The rationale was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Duragesic patch 50mcg, #10, 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duragesic (fentanyl); ongoing management; opioid dosing Page(s): 44; 78; 86.

Decision rationale: The request for Duragesic patch 50 mcg #10 2 refills is not medically necessary. The 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. Per the clinical notes provided, the injured worker had a urinalysis that was tested positive for marijuana, muscle relaxants, and hydromorphone that was not prescribed. Positive for tricyclic antidepressants. Duragesic patch is not recommended for first-line therapy. The injured worker did have improvement. However, the clinical notes did not provide objective findings. The cumulative dosage of the opiate should not exceed 120 mg of oral morphine. The request did not indicate the frequency therefore, this request is not medically necessary.

Urine Drug Screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates. Decision based on Non-MTUS Citation University of Michigan Health System Guidelines for Clinical Care: Managing Chronic Non-terminal Pain, Including Prescribing Controlled Substances, pg 33.

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

Decision rationale: The urine drug screen is not medically necessary. The California MTUS indicates that the use of urine drug screening is for patients with documented issues of abuse, addiction, or poor pain control. Per the guidelines, the urine drug screen is indicated for documenting issues of abuse, addiction, or poor pain control. However, there is no clinical documentation other than the urinalysis of abuse, addiction, or that the injured worker has any poor pain control. The injured worker has had urinalysis on 09/19/2013, 10/10/2013, and again on 01/28/2014 and again on 06/23/2014. The injured worker continues to show positive for Marijuana and Hydromorphone. However, there is no documentation therefore, this request is not medically necessary.

Ketoflex ointment 240gms, 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical NSAIDs.

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

Decision rationale: The request for ketoflex ointment, 240 gm, 2 refills is not medically necessary. The CA/ MTUS states Ketoprofen is a Non FDA- approved agent. This agent is not currently FDA approved for a topical application. It has an extremely high incidence of photo-contact dermatitis. Per the guidelines, the Ketoflex is non FDA-approved agent. The request did not indicate frequency therefore this request is not medically necessary.

Trepadone #120, 2 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation The Official Disability Guidelines, Pain (Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) Medical Foods.

Decision rationale: The request for Trepadone #120 with 2 refills is not medically necessary. The Official Disability Guidelines indicate that Trepadone is a medical food and is recommended as indicated below. Definition: Defined in section 5(b) of the Orphan Drug Act as "a food which is formulated to be consumed or administered enterally under the supervision of a physician and which is intended for the specific dietary management of a disease or condition for which distinctive nutritional requirements, based on recognized scientific principles, are established by medical evaluation." To be considered the product must, at a minimum, meet the following criteria: (1) the product must be a food for oral or tube feeding; (2) the product must be labeled for dietary management of a specific medical disorder, disease, or condition for which there are distinctive nutritional requirements; (3) the product must be used under medical supervision. Per the documentation provided, there was no indication that the injured worker needs to be fed food orally or with a gastrointestinal tube, or internally administered under the supervision of a physician. The medication is considered under the orphaned drug act as the request did not indicate frequency therefore, this request is not medically necessary.

Tramadol 50mg #84, 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation California Medical Board Guidelines for Prescribing Controlled Substances.

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

Decision rationale: The request for Tramadol 50 mg #84, 2 refills is not medically necessary. The California MTUS guidelines state Tramadol (Ultram) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. The clinical notes should provide on-going review and documentation of appropriate medication use and side effects. Use the drug screening or inpatient treatment with issues of abuse, addition or poor pain control, the request did not address the frequency and the quantity therefore, this request is not medically necessary.