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| Case Number: | CM14-0102602 | | |
| Date Assigned: | 09/16/2014 | Date of Injury: | 08/20/2011 |
| Decision Date: | 10/17/2014 | 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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 54-year-old female with a 8/20/11 date of injury. At the time (5/21/14) of request for authorization for Duragesic Patch 12mcg/hr #10, Butrans 5 mcg/hour patch #4, and Prilosec 20mg, #60, there is documentation of subjective (low back and right knee pain) and objective (tenderness to palpation over bilateral paracervical, trapezius, and paravertebral muscles with decreased range of motion; antalgic gait; and tenderness to palpation over medial collateral ligament of right knee) findings, current diagnoses (cervical sprain, cervical disc protrusion, thoracic strain, lumbar strain, and L5-S1 disc annular tear), and treatment to date (physical therapy and medications (including ongoing treatment with Naprosyn, Duragesic patch, and Prilosec)). 8/20/14 medical report identifies that patient is more functional with the assistance of medication. In addition, there is documentation of a request for Prilosec for stomach protection. Regarding Duragesic patch, there is no documentation of persistent, moderate to severe chronic pain that requires continuous, around-the-clock opioid administration for an extended period of time, and cannot be managed by other means; the patient has demonstrated opioid tolerance, and requires a total daily dose at least equivalent to Duragesic 25mcg/h; and no contraindications exist. Regarding Butrans patch, there is no documentation of opiate addiction or chronic pain (after detoxification in patients who have a history of opiate addiction). Regarding Prilosec, there is no documentation of risk for gastrointestinal event (high dose/multiple NSAID).

IMR ISSUES, DECISIONS AND RATIONALES

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

Duragesic Patch 12mcg/hr, #10: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duragesic (fentanyl transdermal system) Page(s): 44. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Duragesic and Fentanyl

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of chronic pain in patients who require continuous opioid analgesia for pain that cannot be managed by other means, as criteria necessary to support the medical necessity of Duragesic. MTUS Chronic Pain Medical Treatment Guidelines identifies that Duragesic is not recommended as first-line therapy. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG identifies documentation that Duragesic is not for use in routine musculoskeletal pain. FDA identifies documentation of persistent, moderate to severe chronic pain that requires continuous, around-the-clock opioid administration for an extended period of time, and cannot be managed by other means; that the patient is already receiving opioid therapy, has demonstrated opioid tolerance, and requires a total daily dose at least equivalent to Duragesic 25mcg/h; and no contraindications exist, as criteria necessary to support the medical necessity of Duragesic patch. Within the medical information available for review, there is documentation of diagnoses of cervical sprain, cervical disc protrusion, thoracic strain, lumbar strain, and L5-S1 disc annular tear. In addition, there is documentation of ongoing treatment with Duragesic patch and that patient is already receiving opioid therapy (Norco). Furthermore, given documentation that patient is more functional with the assistance of this medication. There is documentation of functional benefit and an increase in activity tolerance as a result of the Duragesic patch to date. However, despite documentation of pain, there is no documentation of persistent, moderate to severe chronic pain that requires continuous, around-the-clock opioid administration for an extended period of time, and cannot be managed by other means. In addition, there is no documentation that the patient has demonstrated opioid tolerance, and requires a total daily dose at least equivalent to Duragesic 25mcg/h; and no contraindications exist. Therefore, based on guidelines and a review of the evidence, the request for Duragesic Patch 12mcg/hr, #10 is not medically necessary.

Butrans 5 mcg/hour patch, #4: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Buprenorphine Page(s): 26-27.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of opiate addiction or chronic pain (after detoxification in patients who have a

history of opiate addiction), as criteria necessary to support the medical necessity of Buprenorphine (Butrans patch). Within the medical information available for review, there is documentation of diagnoses of cervical sprain, cervical disc protrusion, thoracic strain, lumbar strain, and L5-S1 disc annular tear. However, there is no documentation of opiate addiction or chronic pain (after detoxification in patients who have a history of opiate addiction). Therefore, based on guidelines and a review of the evidence, the request for Butrans 5 mcg/hour patch, #4 is not medically necessary.

Prilosec 20mg, #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Proton pump inhibitors (PPIs)

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that risk for gastrointestinal event includes age > 65 years; history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, and/or an anticoagulant; and/or high dose/multiple NSAID. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG identifies documentation of risk for gastrointestinal events, preventing gastric ulcers induced by NSAIDs, as criteria necessary to support the medical necessity of Omeprazole (Prilosec). Within the medical information available for review, there is documentation of diagnoses of cervical sprain, cervical disc protrusion, thoracic strain, lumbar strain, and L5-S1 disc annular tear. In addition, there is documentation of ongoing treatment with Prilosec. However, despite documentation of a request for Prilosec for stomach protection and ongoing treatment with Naprosyn, there is no documentation of risk for gastrointestinal event (high dose/multiple NSAID). Therefore, based on guidelines and a review of the evidence, the request for one prescription for Prilosec 20mg, #60 is not medically necessary.