

Case Number:	CM14-0108553		
Date Assigned:	08/01/2014	Date of Injury:	07/17/2009
Decision Date:	10/02/2014	UR Denial Date:	06/19/2014
Priority:	Standard	Application Received:	07/11/2014

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 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 sustained an injury on 07/17/09. As per report dated 08/06/14, the patient complained of chronic lumbar spine pain. He has been off of Fentanyl for 2 weeks and Norco up to 10 days. He was experiencing opiate withdrawal and symptoms were increasing. He was diagnosed with chronic lumbar spine pain and opiate withdrawal. According to the Drug Management Review Summary dated 12/26/13, he had been receiving Fentanyl transdermal patches since his fusion surgery in 2011, at a 48-hour dosing regimen. The report stated that the surgery was successful and he improved. His back pain was less and his back felt stronger; overall function had improved. However, he continued with low back pain. His BMI was 41.5, which is classified as morbidly obese. It also indicated that he was started on gabapentin in 2011 and he had no substantial symptom relief though he was taking the recommended dose. It was recommended to prolong the interval of Fentanyl use; Q48h to Q72h, and discontinue gabapentin 600mg tid. Moreover, as per report dated 01/27/12 it was indicated that he was taking Norco at that time. Current medications, diagnostic imaging, and other therapies were not documented in the clinical records submitted with this request. The request for Fentanyl 25mcg patch #15 refill 0; Norco 10/325mg #120 refill 0; Gabapentin 600mg #270 refill 0; Fentanyl 100mcg #15 refill; was denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fentanyl 25mcg patch #15 refill 0: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 93.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 91-93.

Decision rationale: Per the MTUS Chronic Medical Treatment Guidelines Fentanyl transdermal (Duragesic; generic available): This is indicated for management of persistent chronic pain, which is moderate to severe requiring continuous, around-the-clock opioid therapy. The pain cannot be managed by other means (e.g., NSAIDS). Guidelines indicate "four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids; pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the "4 A's (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors). There is no mention of ongoing attempts with non-pharmacologic means of pain management. There is little to no documentation of any significant improvement in pain level (i.e. VAS) or function with continuous use to demonstrate the efficacy of this medication. There is no evidence of recent urine drug test in order to monitor compliance. The medical documents do not support continuation of opioid pain management. Therefore, Fentanyl 25mcg patch #15 is not medically necessary.

Norco 10/325mg #120 refill 0: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Acetaminophen Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 91, 74.

Decision rationale: Norco (Hydrocodone + Acetaminophen) is indicated for moderate to severe pain. It is classified as a short-acting opioids, often used for intermittent or breakthrough pain. Guidelines indicate four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids; pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors. These domains have been summarized as the 4 A's (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors). The medical records do not establish failure of non-opioid analgesics, such as NSAIDs or acetaminophen, and there is no mention of ongoing attempts with non-pharmacologic means of pain management. There is no significant improvement in pain level (i.e. VAS) and function with continuous use of this medication. There is no documentation of drug urine screen to monitor compliance. Therefore, Norco 10/325mg #120 is not medically necessary.

Gabapentin 600mg #270 refill 0: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Specific Anti-Epilepsy Drugs - Gabapentin Page(s): 18-19.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin, Page(s): 16-18.

Decision rationale: According to the guidelines, an anti-epilepsy drug (AED), such as Gabapentin, is recommended for neuropathic pain (pain due to nerve damage). Gabapentin has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. The medical records do not establish the patient has neuropathic pain. There are no subjective complaints, correlative objective clinical findings, and/or corroborative electrodiagnostic evidence to establish active neuropathy is present. Any other indication is considered off label and is not approved. Furthermore, the IW has reported no significant relief with continuous use. Therefore, the medical necessity of Gabapentin has not been established under the guidelines and based on the available information.

Fentanyl 100mcg #15 refill 0: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Therapeutic trial of Opioids On-going Management of Opioids We.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 91-93.

Decision rationale: Per the MTUS Chronic Medical Treatment Guidelines Fentanyl transdermal (Duragesic; generic available): Indicated for management of persistent chronic pain, which is moderate to severe requiring continuous, around-the-clock opioid therapy. The pain cannot be managed by other means (e.g., NSAIDS). Guidelines indicate four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids; pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the 4 A's (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors). There is no mention of ongoing attempts with non-pharmacologic means of pain management. There is little to no documentation of any significant improvement in pain level (i.e. VAS) or function with continuous use to demonstrate the efficacy of this medication. There is no evidence of recent urine drug test in order to monitor compliance. The medical documents do not support continuation of opioid pain management. Therefore, Fentanyl 100mcg #15 is not medically necessary.