

Case Number:	CM14-0112535		
Date Assigned:	08/01/2014	Date of Injury:	11/26/2003
Decision Date:	09/24/2014	UR Denial Date:	07/03/2014
Priority:	Standard	Application Received:	07/18/2014

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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 patient is a 59-year-old woman who sustained a work related injury on November 26, 2003. Subsequently, she developed chronic neck and low back pain. An MRI of the lumbar spine dated January 15, 2013 showed anterolisthesis at L4-5. At L1-2 and L2-3, a broad-based bulging disc as noted, with degeneration most prominent at L1-L2 and L2-3. A progress report dated June 15, 2014 stated that the patient is improving with his pain medications allowing her to exercise. She was complaining of numbness in her right arm. Her pain level would get up to 8-9/10 at times, however the medications bring it down to tolerable levels. Her physical examination revealed cervical and thoracic tenderness, with weakness of the right deltoid and biceps. The patient was diagnosed with status post C4-C5 and C5-C6 cervical fusion in August 2005; depression due to chronic pain; swallowing difficulties since neck surgery; and low back and right lower extremity pain. Her medications included: Duragesic patches, Norco, Colace, and Neurontin. The provider requested authorization for Duragesic patches and Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #120 (Dispensed): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 75,78, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 76-79.

Decision rationale: According to MTUS guidelines, Norco (Hydrocodone/Acetaminophen) is a synthetic opioid indicated for the pain management but not recommended as a first line oral analgesic. In addition and according to MTUS guidelines, ongoing use of opioids should follow specific rules: Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy. The lowest possible dose should be prescribed to improve pain and function. Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. 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). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework. According to the patient file, she continued to have pain despite the use of high doses of opioids. There is no objective documentation of pain and functional improvement to justify continuous use of high narcotics dose in this patient. There is no documentation of continuous monitoring of adverse reactions and of patient's compliance with her medication. Therefore, the prescription of Norco 10/325 MG #120 is not medically necessary at this time.

Duragesic Patch 100mcg #30 (Dispensed): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 78, 93,124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duragesic (fentanyl transdermal system) Page(s): 68.

Decision rationale: According to MTUS guidelines, Duragesic (fentanyl transdermal system). Not recommended as a first-line therapy. Duragesic is the trade name of a fentanyl transdermal therapeutic system, which releases fentanyl, a potent opioid, slowly through the skin. 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. In this case, the patient continued to have pain despite the use of high dose of opioids. There is no documentation of continuous monitoring of adverse reactions and of patient's compliance with her medication. In addition, there is no documentation that the patient developed tolerance to opioids or need continuous around the clock opioid administration. Therefore, the prescription of Duragesic Patch 100mcg #30 is not medically necessary.