MAXIMUS Federal Services

Case Number:	CM14-0113904		
Date Assigned:	09/16/2014	Date of Injury:	10/18/2001
Decision Date:	11/26/2014	UR Denial Date:	07/08/2014
Priority:	Standard	Application Received:	07/22/2014

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, has a subspecialty in Interventional Spine 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 patient is a 69-year-old female with date of injury of 10/18/2001. The listed diagnoses per [redacted] from 06/23/2014 are:1. Sprain/strain of the lumbar region. 2. Sciatica. According to this report, the patient complains of lower back pain. There are no acute changes to her work-related pain condition. She uses a walker for balance and ambulation. The patient had surgery on her left foot on 03/31/2014 [redacted] she is healing well and was able to come out of the foot brace. She is able to bear weight and states that physical therapy was not recommended by the surgeon. The patient states that her low back pain has increased due to her antalgic gait and recent foot surgery. Her pain remains at 7/10 with medications and she notes that medications do help with the pain. Her overall pain is improved by 80% with the use of medications and she notes that Flexeril helps with back pain as well. The examination shows the patient has an antalgic gait and ambulates with the use of a walker. Left ankle is tender to palpation due to recent surgery. Normal muscle tone without atrophy in the right and left upper and lower extremities. The utilization review denied the request on 07/08/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tegaderm 4" x 4.75" dressing (DOS 5/28/2014): Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Blue Cross of California Medical Policy

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle and Foot Chapter on Wound Dressing

Decision rationale: This patient presents with low back pain. The patient is status post left foot surgery from 03/31/2014. The treater is requesting Tegaderm 4 x 4.75 dressing. The MTUS and ACOEM Guidelines do not address this request. However, ODG Guidelines on wound dressings states that it is recommended following chronic wounds, debridement stage, hydrogels; granulation stage, foam and low-adherence dressings; and epithelialization stage, hydrocolloid and low-adherence dressings; and for the epithelialization stage of acute wounds.The records show that the patient has been using Tegaderm since 03/11/2014. Tegaderm is a waterproof transparent dressing ideal for covering and protecting wounds. The treater does not explain why Tegaderm is needed. There is no discussion about its use. In this case, while Tegaderm is appropriate following surgery, the report from 06/23/2014 shows that the patient's left foot is healing well. Furthermore, ODG recommends wound dressings for patients with chronic wounds, debridement, etc, which this patient does not present with. It is possible that the treater is prescribing this to use over the Duragesic patch, however. Whether or not duragesic is indicated is a different question, but use of Tegaderm to secure Duragesic patch is a reasonable use of this product. Recommendation is for authorization.

Fentanyl 25mcg/hr patch (DOS 5/28/2014): Upheld

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

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

Decision rationale: This patient presents with low back pain. The patient is status post left foot surgery from 03/31/2014. The treater is requesting fentanyl patches. The MTUS page 44 on Duragesic (fentanyl transdermal system) states that it 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. MTUS page 47 also notes that fentanyl is an opioid analgesic with potency 80 times that of morphine. Furthermore, for chronic opiate use, the MTUS Guidelines requires specific documentations regarding pain and function. Page 70 of the MTUS requires "pain assessment" that requires "current pain, average pain, least reported pain over the periods since last assessment, the intensity of pain after taking the opioid, how long it takes for pain relief, and how long pain relief last." Furthermore, the 4 A's for ongoing monitoring are required, which includes analgesia, ADLs, adverse side effects, and aberrant drug-seeking behavior. The record shows that the patient was prescribed fentanyl patches on 03/11/2014. The 05/28/2014 report notes that medications do help improve the patient's pain and function. Her DEA CURES activity report was consistent with her medications prescribed. The 08/04/2014 report shows that the patient's pain level is "5/10 down from 7/10." She states that her current medication regimen is sufficient to control her lower back pain. The patient continues to note about 80% pain

reduction with medication. Her current list of medications include Tegaderm, lidocaine 5% ointment, fentanyl 25 mcg/hr. patch, pantoprazole/Protonix 20 mg, docusate sodium 100 mg, hydrocodone BIT/APAP 10/325 mg, Motrin, topiramate-Topamax, orphenadrine-Norflex, lorazepam 1 mg, amlodipine, and Lidoderm patches. In this case, while the treater provides pain scale and some general statements regarding ADL's, no specifics are mentioned to determine whether or not significant improvement has been achieved. There is no urine toxicology, CURES or pain contract discussed to show opiate management. Furthermore, this patient presents with a simple diagnosis of strain/sprain for which chronic opiate use is unlikely indicated when reading MTUS. Recommendation is for denial.

Pantoprazole (Protonix) 20mg #60 (DOS 6/3/2014): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG-TWC) Pain Procedure Summary Proton Pump Inhibitors

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms, and cardiovascular risk Page(s): 68, 69.

Decision rationale: This patient presents with low back pain. The patient is status post left foot surgery from 03/31/2014. The treater is requesting pantoprazole (Protonix) 20 mg, quantity #60. The MTUS Guidelines pages 68 and 69 on NSAIDs, GI symptoms, and cardiovascular risk states that it is recommended with precaution for patients at risk for gastrointestinal events; ages greater than 65; history of peptic ulcer, GI bleeding, or perforation; concurrent use of ASA, corticosteroids, and/or anticoagulants, and multiple high-dose NSAIDs. The records show that the patient has been prescribed pantoprazole since 03/11/2014. While the patient is currently taking an NSAID, the treater does not document gastrointestinal events or issues. The routine use of PPIs is not supported by the MTUS Guidelines. Recommendation is for denial.

Topiramate (Topamax) 25mg #60 (DOS 6/3/2014): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Formulary

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topamax, anti-epilepsy drugs (AEDs) Page(s): 21, 16, 17.

Decision rationale: This patient presents with low back pain. The patient is status post left foot surgery from 03/31/2014. The treater is requesting topiramate (Topamax) 25 mg, quantity #60. The MTUS Guidelines page 21 on Topamax states that it is recommended for neuropathic pain when other anticonvulsants have failed. Furthermore, MTUS pages 16 and 17 on anti-epilepsy drugs (AEDs) states that it is recommended for neuropathic pain, but there is a lack of consensus on treatment. Most trials have been directed at postherpetic neuralgia and painful polyneuropathy. The records show that the patient has been prescribed Topamax since 03/11/2014. MTUS page 60 on medications for chronic pain states that pain assessment and

functional changes must also be noted when medications are used for chronic pain. The 05/28/2014 reports notes that medications do help improve her pain and function. Her DEA CURES Activity Report was consistent with her prescribed medications. In this case, the treater has noted medication efficacy and the continued use of Topamax is reasonable. Recommendation is for authorization.

Hydrocodone APAP 10/325mg #30 (DOS 6/3/2014): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS , On-Going Management Page(s): 88, 89, 78.

Decision rationale: This patient presents with low back pain. The patient is status post left foot surgery from 03/31/2014. The treater is requesting hydrocodone/APAP 10/325 mg, quantity #30. For chronic opiate use, the MTUS Guidelines pages 88 and 89 on criteria for use of opioids states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 on ongoing management also requires documentation of the 4 A's including analgesia, ADLs, adverse side effects, and aberrant drug-seeking behavior as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medications to work, and duration of pain relief. The records show that the patient was prescribed hydrocodone/APAP on 03/11/2014. The 05/28/2014 report notes that medications do help the patient with her pain and function. Her DEA CURES activity report was consistent with prescribed medications. None of the reports from 03/11/2014 to 09/09/2014 provide any pain scales, no specifics regarding ADLs, no significant improvement, no mention of quality of life changes, and no discussions regarding "pain assessment" as required by MTUS. There are no discussions regarding adverse side effects. Given partially met criteria, recommendation is for denial and slow tapering of the opiate.

Orphenadrine (Norflex ER) 100mg #90 (DOS 05/28/2014): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG-TWC) Muscle relaxants/Formulary

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

Decision rationale: This patient presents with low back pain. The patient is status post left foot surgery from 03/31/2014. The treater is requesting orphenadrine (Norflex ER) 100 mg, quantity #90. Norflex is a drug similar to diphenhydramine, but has greater anticholinergic effects. The effects are thought to be secondary to analgesic and anticholinergic properties. The MTUS Guidelines pages 63 to 66 on muscle relaxants states that it recommends non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in

patients with chronic low back pain. The records show that the patient was prescribed orphenadrine on 06/03/2014. In this case, MTUS does not support the long-term use of medication. Recommendation is for denial.