

Case Number:	CM14-0140096		
Date Assigned:	09/08/2014	Date of Injury:	11/26/2003
Decision Date:	12/24/2014	UR Denial Date:	08/05/2014
Priority:	Standard	Application Received:	08/29/2014

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 Pain Medicine 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:

This is a 59 year old female with a work injury dated 11/26/03. The details and specifics of the injury are not documented in the provider's notes. However, the following diagnoses are documented:- Status post cervical 4-5 and cervical 5-6 fusion August 2005- Depression due to chronic pain- Swallowing difficulties since her neck surgery- Low back and right lower extremity pain.MRI of the lumbar spine dated 01/15/2013 showed broad based bulging disk at lumbar 1-2 and lumbar 2-3 with degeneration most prominent at lumbar 1-2. Office visit in January 2014 documented the injured worker being able to walk her dog 3-4 times per day and being independent in activities of daily living. She stated she only used the TENS unit "once in a while". Follow up visit in April 2014 noted the Neurontin was helping and she was able to cook, clean, and provide self-care. Exam noted ambulation with a significant limp in right knee. Reflex and strength were decreased in right lower extremity. At her follow up visit in May she was "not handling pain well and admitted to taking a little extra medication sometimes". She described pain as 5-6/10 noting she struggled when Norco was decreased initially but "doing ok now". From June through November she continued to improve, exercised regularly, walking her puppy 4-5 times a day. She also stated that she was taking care of her grandchildren and doing some cooking and cleaning when able. The injured worker stated without her meds she would not be able to do those things. In November 2014 she was having worse pain with the cold weather but continued to walk daily. She also had a part time job. Exam noted normal gait with good strength in upper and lower extremities.On 07/28/2014 a request for Duragesic patches 100 mcg #12, Norco 10/325 mg #120, Colace 100 mg #100, and Gabapentin 300 mg #90 was submitted. On 08/05/2014 utilization review made the following decision:Duragesic patches 100 mcg #12 modified to Duragesic patches 100 mcg #10 citing Opioid monitoring was not discussed as per California MTUS for Opioids and Duragesic was not recommended as a first

line therapy. Guidelines: California Medical Treatment Utilization Schedule, Chronic Pain, page 43, Duragesic and page 74-86, Opioids. Norco 10/325 mg #120 was modified to Norco 10/325 #105 citing: "The current Opioid daily load exceeds the recommended California MTUS guideline of 120 mg Morphine equivalents from all Opioids. Adequate documentation of Opioid monitoring was not provided along with continued efforts to achieve the lowest Opioid level as recommended by California MTUS with slow tapering." Guidelines: California MTUS Chronic pain page 74-86, Opioids. Colace 100 mg #100 was modified to Colace 100 mg #50 citing: "There is need for ongoing documentation of efficacy of the medication, to support continued use. As Opioid side effects including constipation and Colace efficacy were not documented the request is modified to allow the provider to document the extent of drug efficacy." Guidelines California MTUS Chronic pain page 77 Prophylactic treatment of constipation. Gabapentin 300 mg #90 was modified to Gabapentin 300 mg #60 citing: "The provider did not discuss if the drug helped and the extent of benefits." Guidelines: California MTUS Chronic pain page 17 Outcome, Anti-Epilepsy drugs. The request was appealed to Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Duragesic Patches 100mcg #12 dispensed: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duragesic Page(s): 43.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 75-80.

Decision rationale: Regarding the request for Duragesic 100mcg (fentanyl), Chronic Pain Medical Treatment Guidelines state that fentanyl is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing Opioids if there is no documentation of improved function and pain. Regarding the use of Fentanyl, guidelines state that it should be reserved for use as a second-line opiate. Within the documentation available for review, the treating physician adequately addressed the four domains for on-going management with opiates. In the progress report dated 9/9/2014, it was documented that the medication was improving the patient's function and pain. The injured worker's pain level was reduced from 10/10 without medication to 5/10 with medication and she began working part-time. There was documentation that the injured worker was not having any side effects and that there was no aberrant drug seeking behavior. The last two UDS were noted to be consistent. However, in the submitted medical records, there was no documentation of failure of first line opiates. Furthermore, the frequency of application of this medication is recommended at every 3 days and the quantity of #12 exceeds the recommended monthly amount. The treating physician did not provide a rationale for prescribing the medication with instructions to change the Duragesic Patch every 2 days. Unfortunately, there is no provision to modify the current request to allow for a lower quantity. In light of the above issues, the currently requested Duragesic 100mcg #12, is not medically necessary.

Norco 10/325mg #120: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-86.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 75-80.

Decision rationale: With regard to the request for Norco 10/325mg (hydrocodone/APAP), the California Chronic Pain Medical Treatment Guidelines state the following about on-going management with Opioids: "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 monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." Guidelines further recommend discontinuing Opioids if there is no documentation of improvement in function and reduction in pain. In the progress report dated 9/9/2014, the treating physician adequately documented monitoring of the four domains. Pain level was documented to be 10/10 without medication and 5/10 with medication along with improvement in function. Specifically, the injured worker started working part time and was walking daily for exercise. She was also able to cook and clean with the use of the medication. The treating physician documented that there were no side effects. Furthermore, there was discussion regarding possible aberrant drug-related behavior and the treating physician stated that there was no aberrant behavior and the injured worker tried tapering her medications in the past unsuccessfully. The last two Urine Drug Screen were noted to be consistent. Based on adequate documentation, the request for Norco 10/325mg #120 is medically necessary.

Colace 100mg #100: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Prophylactic treatment of constipation Page(s): 77.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 75-80.

Decision rationale: In regard to the request for Colace, an OTC stool softener, Chronic Pain Medical Treatment Guidelines on pages 76-80 state the following regarding constipation, an adverse side effect of Opioids, "Prophylactic treatment of constipation should be initiated." ODG states that Opioid induced constipation is recommended to be treated by physical activity, maintaining appropriate hydration, and following a diet rich in fiber. Over-the-counter medication such as stool softeners may be used as well. Second line treatments include prescription medications. In the submitted medical records available for review, there is documentation that the injured worker was prescribed two opiate pain medications; Duragesic

100mcg patches and Norco 10/325mg. Although there were no subjective complaints of constipation with the use of these medications, the injured worker is noted to be taking Colace 3-4 times per day to prevent constipation and the guidelines do recommend prophylactic treatment of constipation. Therefore, based on the guidelines, Colace 100mg #100 is medically necessary.

Gabapentin 300mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drugs (AEDs) Page(s): 17.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-21.

Decision rationale: In regard to the request for Neurontin (Gabapentin), Chronic Pain Medical Treatment Guidelines state that anti-epilepsy drugs are recommended for neuropathic pain. They go on to state that a good outcome is defined as 50% reduction in pain and a moderate response is defined as 30% reduction in pain. Guidelines go on to state that after initiation of treatment, there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. The continued use of AEDs depends on improved outcomes versus tolerability of adverse effects. In the progress report dated 9/9/2014, the treating physician addressed the issues brought forth by the utilization review regarding the lack of documented benefit from the medication. The treating physician documented both pain reduction and specific objective functional improvement with the use of all the medications, which included Neurontin 300mg. Additionally, there was documentation that the injured worker did not have any side effects from this medication. Based on adequate documentation, the currently requested Gabapentin 300mg #90 is medically necessary.