

Case Number:	CM14-0153861		
Date Assigned:	09/23/2014	Date of Injury:	01/10/2012
Decision Date:	12/15/2014	UR Denial Date:	08/26/2014
Priority:	Standard	Application Received:	09/20/2014

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 Tennessee. 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 43-year-old male with a 1/10/02 date of injury. According to a progress report dated 8/5/14, the patient stated that his before pain medication, his pain was a 9/10. With the addition of the Duragesic patch, his pain came down to a steady 6/10. The addition of Norco brought his pain down further to a 4-5/10. Medications allowed him to walk every day for 30 minutes and perform light household chores. Colace helped with his constipation issues. His opioid regimen included Duragesic patch 50mcg every 2 days and Norco 10/325mg - 2 tablets TID. The patient had a signed pain agreement on file and the provider stated that a random urine drug screen was to be obtained that day. Objective findings: ongoing tenderness to lumbar paraspinal muscles. Diagnostic impression: status post anterior fusion at L4-L5 and L5-S1 (11/19/04), status post posterior fusion on 3/11/08, depression. Treatment to date: medication management, activity modification, surgeries. A UR decision dated 8/25/14 certified the requests for Duragesic patch, Norco, and Colace and modified the request for Soma from 60 tablets with 1 refill to a 30-day supply for weaning purposes. Regarding Duragesic patch, the documentation identified that with the use of Duragesic patch, pain was lowered from 9/10 to 6/10. The documentation stated that the use of Duragesic patch improved the claimant's ability to perform activities of daily living and a signed opiate agreement and urine drug screen was noted. Regarding Norco, the documentation identified that with the use of Norco, pain was lowered from 9/10 to a 4-5/10. The documentation stated that the use of Norco improved the claimant's ability to perform activities of daily living and a signed opiate agreement and urine drug screen was noted. Regarding Colace, the documentation identified the claimant to have symptoms of constipation secondary to medication use. Medical necessity of docusate would appear to be supported. Regarding Soma, this medication is not recommended for long-term use and is only supported for short-term use, up to 2 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Duragesic patch 50mcg, #15: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Duragesic - Fentanyl Transdermal System Page(s): 45.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines 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, but is not recommended as a first-line therapy. However, in the present case, there is no documentation that this patient has had a trial and failure of a first-line opioid medication. In addition, According to the patient's opioid medication regimen, the patient's daily MED is calculated to be 180. Guidelines do not support daily MED above 120 due to the risk of adverse effects, such as sedation. Furthermore, given the 2002 date of injury, over a decade ago, the duration of opiate use to date is not clear. There is no discussion regarding non-opiate means of pain control, or endpoints of treatment. However, the UR decision dated 8/25/14 certified this request. It is unclear why this request is being made at this time. Therefore, the request for Duragesic patch 50mcg, #15 was not medically necessary.

Norco 10/325mg #90 with 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Opiates Page(s): 78-81.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. However, in the present case, according to the patient's opioid medication regimen, the patient's daily MED is calculated to be 180. Guidelines do not support daily MED above 120 due to the risk of adverse effects, such as sedation. Furthermore, given the 2002 date of injury, over a decade ago, the duration of opiate use to date is not clear. There is no discussion regarding non-opiate means of pain control, or endpoints of treatment. However, the UR decision dated 8/25/14 certified this request. It is unclear why this request is being made at this time. Therefore, the request for Norco 10/325mg #90 with 1 refill was not medically necessary.

Soma 350mg #60 with 1 refill: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Pain, Carisoprodol

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Muscle Relaxants, Soma Page(s): 29, 65. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: FDA (Carisoprodol)

Decision rationale: CA MTUS states that Soma is not indicated for long-term use. Carisoprodol is a commonly prescribed, centrally-acting skeletal muscle relaxant and is now scheduled in several states. It has been suggested that the main effect is due to generalized sedation and treatment of anxiety. Abuse has been noted for sedative and relaxant effects. Carisoprodol is metabolized to meprobamate, an anxiolytic that is a schedule IV controlled substance. Soma has been known to augment or alter the effects of other medications, including opiates and benzodiazepines. However, according to the records provided for review, this patient has been taking Soma since at least 4/15/14, if not earlier. Guidelines do not support the long-term use of muscle relaxants. In addition, this patient is also utilizing the opioids, Duragesic patches and Norco. Guidelines do not support the concurrent use of Soma and opiates. Therefore, the request for Soma 350mg #60 with 1 refill was not medically necessary.

Colace 100mg #100 with 4 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 77. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: FDA (Docusate) Peer-reviewed literature ('Management of Opioid-Induced Gastrointestinal Effects: Treatment')

Decision rationale: The FDA states that Sodium Docusate is indicated for the short-term treatment of constipation; prophylaxis in patients who should not strain during defecation; to evacuate the colon for rectal and bowel examinations; and prevention of dry, hard stools. CA MTUS states that with opioid therapy, prophylactic treatment of constipation should be initiated. However, in the present case, the medical necessity of the patient's opioid medications, Duragesic patch and Norco, has not been established. As a result, this associated request for prophylaxis from opioid-induced constipation cannot be substantiated. However, the UR decision dated 8/25/14 certified this request. It is unclear why this request is being made at this time. Therefore, the request for Colace 100mg #100 with 4 refills was not medically necessary.