

Case Number:	CM14-0161778		
Date Assigned:	10/07/2014	Date of Injury:	09/10/2003
Decision Date:	12/02/2014	UR Denial Date:	09/29/2014
Priority:	Standard	Application Received:	10/02/2014

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 Occupational Medicine and is licensed to practice in Illinois. 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 64 year old man with a date of injury on September 10, 2003. His wrist and neck musculoskeletal complaints have been accepted as industrial injuries, although he has a history of coronary artery bypass graft, diabetes, stroke, depression, hypertension, gastrointestinal bleed, deep vein thrombosis, anemia, gastritis and asthma. On his latest office visit note of September 18, 2014, it is stated his neck pain is at 2/10 from 5/10 on Norco and Fentanyl and that he is participating in cardiac rehab. His exam is notable for pain-free bilateral cervical rotation of 80-degrees, negative bilateral Spurling's, grossly intact right upper extremities and right trapezius tenderness. Diagnoses include C4-C7 spondylosis with degenerative facet changes, multilevel foraminal narrowing and overlying myofascial pain; history of bilateral carpal tunnel syndrome and possible right thoracic outlet syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fentanyl 25mcg/hr QTY: 15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duragesic Page(s): 44, 47.

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

Decision rationale: Fentanyl patch (Duragesic) is an opioid analgesic indicated in the management of persistent, moderate to severe chronic pain in opioid-tolerant workers when a continuous, around-the-clock opioid analgesic is required for an extended period of and is available in the following dosages: 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr, and 100 mcg/hr. Patches are usually applied every 72 hours, however some injured workers may not achieve adequate analgesia and may require patches to be applied every 48 hours because of unpredictable absorption. Per the Medical Treatment Utilization Schedule (MTUS), Duragesic is 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 Food and Drug Administration approved product labeling states that Duragesic is indicated in the management of chronic pain in injured workers who require continuous opioid analgesia for pain that cannot be managed by other means. In most cases, analgesic treatment should begin with acetaminophen, aspirin, and non-steroidal anti-inflammatory drugs (as suggested by the World Health Organization's step-wise algorithm). There is no documentation that non-opioid analgesics were tried and failed, to exhaustion. Therefore, the request is not medically necessary.

Norco 10/325mg QTY: 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain - Recommendations for general conditions.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids (Specific Drug List), Opioids for Chronic Pain Page(s): 91, 81.

Decision rationale: According to the MTUS Chronic Pain Medical Treatment Guidelines, Norco is Hydrocodone with Acetaminophen, and is indicated for moderate to moderately severe pain. This worker has chronic neck and wrist pain and has been prescribed opioids. Chronic pain can have a mixed physiologic etiology of both neuropathic and nociceptive components. In most cases, analgesic treatment should begin with acetaminophen, aspirin, and non-steroidal anti-inflammatory drugs (as suggested by the World Health Organization's step-wise algorithm). When these drugs do not satisfactorily reduce pain, opioids for moderate to moderately severe pain may be added to (not substituted for) the less efficacious drugs. A major concern about the use of opioids for chronic pain is that most randomized controlled trials have been limited to a short-term period. However, there is no evidence that this worker's functionality has improved, that his medications have been decreased in potency or frequency, or that his ability to work has increased. Therefore, the request is not medically necessary.

Plavix 75mg QTY: 30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.nlm.nih.gov [Plavix]

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Drugs.com, Plavix, 2014

Decision rationale: Plavix is not addressed in the Medical Treatment Utilization Schedule guideline, the American College of Occupational and Environmental Medicine, or the Official Disability Guidelines. Per Drugs.com, Plavix (Clopidogrel) keeps the platelets in your blood from clotting to prevent unwanted blood clots that can occur with certain heart or blood vessel conditions. Plavix is used to prevent blood clots after a recent heart attack or stroke, and in people with certain disorders of the heart. This worker's wrist and neck musculoskeletal complaints have been accepted as industrial injuries and there is no explanation as to why the worker would need Plavix to treat his wrist and neck injuries. Therefore, the request is not medically necessary.