

Case Number:	CM14-0186146		
Date Assigned:	11/14/2014	Date of Injury:	01/25/2007
Decision Date:	12/31/2014	UR Denial Date:	10/20/2014
Priority:	Standard	Application Received:	11/07/2014

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 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic pain syndrome reportedly associated with an industrial injury of January 25, 2007. In a Utilization Review Report dated October 20, 2014, the claims administrator approved a request for OxyContin while failing to approve the request for granisetron (Sancuso) patches, Subsys (fentanyl) and methadone. The claims administrator stated that the applicant was presenting with persistent complaints of neck pain, hand pain, digital numbness, sexual dysfunction, and hypogonadism. Thus far, the applicant has been treated with the following: Analgesic medications; opioid therapy, transfer of care to and from various providers in various specialties; long- and short-acting opioids; earlier knee surgery; and earlier right hand surgery. In an April 2, 2014 progress note, the applicant reported ongoing complaints of 8-9/10 neck, hand, leg, and low back pain. Both neck and low back pain were radiating. The applicant was not working, it was acknowledged. The applicant was receiving Soma and other unspecified medications from another provider, it was stated. The applicant reportedly denied smoking. Cervical epidural steroid injection therapy, pain management consultation, and Soma were refilled. Urine drug testing was sought. In an April 14, 2014 progress note, the applicant presented reporting 9/10 low back pain. The note was difficult to follow and at times internally inconsistent. It was stated in one section that the applicant was not involved in any litigation while other sections of the note stated that the applicant was, in fact, represented. 9/10 pain complaints were appreciated. The applicant was having difficulty sitting. The attending provider stated that the applicant was having difficulty getting medications filled owing to difficulty obtaining authorizations. The applicant's medication list reportedly included baclofen, Celebrex, Fortesta (Androgel), Duragesic, Lunesta, Methadone, OxyContin, Oxycodone, Viagra, Sancuso, and Zomig. It was stated that the applicant was working fulltime, although it was unclear whether this was a carry-

over from earlier progress notes. Epidural Steroid Injection therapy was sought while methadone was renewed. In a medical-legal evaluation of April 30, 2014, the applicant's work status was not clearly outlined. It was stated that the applicant had erectile dysfunction and hypogonadism secondary to chronic opioid usage. In a progress note dated September 15, 2014, it was stated at one section of the note that the applicant was not working and was trying to attend school. In another section of the note, however, it was stated that the applicant was working fulltime. 9/10 pain complaints were reported. The applicant was getting progressively worse in terms of back pain, headaches, and sleep quality. The applicant's medications included Baclofen, Methadone, Oxycodone, Subsys spray, Viagra, Zomig, Lunesta, and Methadone, it was acknowledged. It was stated that the applicant was ultimately needed cervical spine surgery. Multiple medications were refilled, including methadone, oxycodone, Fortesta, Celebrex, baclofen, Viagra, Sancuso, Lunesta, Zomig, and Subsys. Urine drug testing was performed. In another note dated November 10, 2014, the applicant was described as not working. It was suggested that the applicant was better off receiving indemnity benefits as opposed to working in one section of the note while another section of the note, somewhat incongruously, stated that the applicant was working fulltime. Multiple medications were renewed and/or continued, including Methadone, Oxycodone, OxyContin, Fortesta, Celebrex, Baclofen, Viagra, and Sancuso for opioid-induced nausea, Lunesta, and Zomig.

IMR ISSUES, DECISIONS AND RATIONALES

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

Sancuso (Granisetron) 3.1mg/24 hour patch #4, 1 patch to skin as directed: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation
<http://www.ncbi.nlm.nih.gov/pubmed/19948469>

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management section Page(s): 7-8. Decision based on Non-MTUS Citation Food and Drug Administration (FDA), Sancuso Medication Guide

Decision rationale: While the MTUS does not address the topic, pages 7 and 8 of the MTUS Chronic Pain Medical Treatment Guidelines do stipulate that an attending provider using a drug for non-FDA labeled purposes has a responsibility to be well informed regarding usage of the same and should, furthermore, furnish compelling evidence to support such usage. The Food and Drug Administration (FDA) notes that Sancuso is indicated in the prevention of nausea and/or vomiting in applicants receiving moderate and/or highly emetogenic chemotherapy for up to five consecutive days. Sancuso is not, thus, indicated to combat issues with opioid-induced nausea, as are present here, nor is Sancuso indicated for the chronic, long-term and/or scheduled-use purpose for which it is seemingly being put to use here. The request, thus, is at odds with the FDA label. The attending provider has not furnished any compelling applicant-specific rationale or medical evidence which would offset the FDA positions on usage of Sancuso for opioid-induced nausea and/or usage of Sancuso for long-term purposes. Therefore, the request is not medically necessary.

Subsys (Fentanyl) 800mcg/spray #30, 1 spray under tongue once a day as needed: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 44, 111.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Ongoing Management topic; When to Continue Opioids topic Page(s): 78,80.

Decision rationale: The request in question does represent a renewal request. As noted on page 78 of the MTUS Chronic Pain Medical Treatment Guidelines, the lowest possible dose of opioids should be employed to improve pain and function. Here, however, the attending provider has failed to provide any compelling applicant-specific rationale which would support provision of multiple long- and short-acting opioids, including OxyContin, Oxycodone, Subsys, Methadone, etc. It is not clear why the applicant would need to use so many different opioid agents and/or variants. It is further noted that the applicant seemingly failed to meet criteria set forth on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines for continuation of opioid therapy. Here, specifically, the applicant is off of work. The applicant has failed to return to work, it has been suggested on several occasions, reference above. The applicant continues to report heightened complaints of neck and low back pain, with progressively worsening function, sleep quality, etc., it has been noted on multiple office visits, reference above. The applicant was described as reported average pain scores of 9-10/10 on September 15, 2014 and 9/10 on November 10, 2014. All of the foregoing, taken, together, does not make a compelling case for continuation of opioid therapy with Subsys. Therefore, the request was not medically necessary.

Methadone 10mg tablet #150, 1 tablet PO five times a day as needed for pain.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Methadone Page(s): 61-62.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids topic; Opioids, Ongoing Management topic Page(s): 78,80.

Decision rationale: As noted on page 78 of the MTUS Chronic Pain Medical Treatment Guidelines, the lowest possible dose of opioids should be employed to improve pain and function. Here, however, the attending provider did not set forth a compelling case for provision of so many different opioid agents, namely OxyContin, oxycodone, methadone, and Subsys. It is further noted that the applicant seemingly failed to meet criteria set forth on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines for continuation of opioid therapy with methadone. Specifically, the applicant is off of work. The attending provider failed to outline any meaningful improvements in function and/or quantifiable decrements in pain achieved as a result of ongoing opioid usage, including ongoing methadone usage. The applicant reported an average pain score of 9/10 on November 10, 2014 and an average pain score of 9-10/10 on September 15, 2014. The attending provider failed to outline any meaningful improvements in function achieved as a result of ongoing opioid therapy, including ongoing methadone usage. Therefore, the request was not medically necessary.