

Case Number:	CM14-0023606		
Date Assigned:	06/11/2014	Date of Injury:	06/05/2007
Decision Date:	08/12/2014	UR Denial Date:	01/27/2014
Priority:	Standard	Application Received:	02/25/2014

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 & Rehabilitation and is licensed to practice in California and Washington. 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 53-year-old female who reported an injury 06/05/2007. The mechanism of injury was not provided within the medical records. The clinical note dated 03/31/2014 indicated diagnoses of lumbosacral radiculopathy, status post-surgery to cervical spine C5-6 and C6-7 levels with residual radiculopathy, chronic myofascial pain syndrome, cervical and thoracolumbar spine and opiate tolerance. The injured worker reported worsening pain and numbness in her left leg. The injured worker reported constant intractable low back pain that was well controlled with current medications. The injured worker reported getting greater than 50% improvement in her pain in terms of her neck and upper back with the trigger point injections. The injured worker reported current pain induced comfort was slightly impacting her general activity, ability to work, and enjoyment of life and ability to concentrate. The injured worker reported problems with sleep and reported that her depression has abated. On physical examination, the range of motion of the cervical and thoracic spine was restricted in all planes while the range of motion of the lumbar spine was moderately restricted in all planes. The injured worker had multiple myofascial trigger points and top bands throughout the cervical paraspinal, trapezius, levator scapulae, scalene, infraspinatus, thoracic and lumbar paraspinal musculature as well as the gluteal muscles. The injured worker was unable to perform heel toe gait. Sensation was decreased in the bilateral calf areas as well as in the right 1st and 2nd digits. The grip strength was decreased at 4; dorsiflexion of the right foot was decreased at 4. Prior treatments included diagnostic imaging, surgery, trigger point injections, and medication management. The medication regimen included Duragesic patches, Percocet, Soma and Neurontin. The provider submitted a request for the above listed medications. A Request for Authorization dated 03/31/2014 was submitted; however, the rationale was not provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

NEURONTIN 600MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ANTI-EPILEPSY DRUGS Page(s): 16-17.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Specific anti-epilepsy drugs Page(s): 18.

Decision rationale: The California MTUS guidelines recognize Gabapentin/Neurontin has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. Although the injured worker reported functional improvement and efficacy with the use of this medication, there was lack of a pain assessment with the injured worker. In addition, the request did not indicate a frequency or quantity for this medication, therefore, Neurontin 600mg is not medically necessary.

SOMA 350MG: 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 Carisoprodol (Soma) Page(s): 29.

Decision rationale: The California MTUS guidelines do not recommend Soma. This medication is not indicated for long-term use, and is a commonly prescribed; centrally acting skeletal muscle relaxant whose primary active metabolite is meprobamate. Abuse has been noted for sedative and relaxant effects. The injured worker has been prescribed Soma since at least 08/19/2013. This exceeds the guidelines recommendation on short term use. In addition, there was a lack of a pain assessment done on the injured worker. Moreover, the request did not indicate a frequency or quantity for this medication. Therefore, Soma 350mg is not medically necessary.

PERCOCET 325MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use, On-going Management Page(s): 78.

Decision rationale: The California MTUS Guidelines recommend the use of opioids for the on-going management of chronic low back pain. The guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects

should be evident. The injured worker did report benefit from the use of Percocet. There is a lack of an objective assessment of the injured worker's pain level. In addition, the Morphine equivalent of Percocet with the Duragesic patches is 405. This exceeds the guidelines recommendation of 120 mg of oral Morphine equivalent per day. Moreover, the request does not indicate a frequency or quantity for this medication. Therefore, Percocet is not medically necessary.

DURAGESIC PATCH 50 MG: Upheld

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

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

Decision rationale: The California MTUS guidelines do not recommend the Fentanyl patch as a first-line therapy. The guidelines state the Fentanyl patch is indicated in the management of chronic pain in patients who require continuous Opioid analgesia for pain that cannot be managed by other means. Due to the significant side effects, it is not recommended for use in routine musculoskeletal pain. There was lack of significant evidence of the injured worker's pain level. In addition, the guidelines indicate not to exceed 120 mg oral morphine equivalence per day; however, with the Percocet and the Duragesic patches the morphine equivalent per day is 405. This exceeds the guidelines recommendations. In addition, the request did not indicate a frequency or quantity for this medication. Therefore, the Duragesic Patch 50mg is not medically necessary.

DURAGESIC PATCH 100MG: Upheld

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

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

Decision rationale: The California MTUS guidelines do not recommend the Fentanyl patch as a first-line therapy. The guidelines state the Fentanyl patch is indicated in the management of chronic pain in patients who require continuous opioid analgesia for pain that cannot be managed by other means. Due to the significant side effects, it is not recommended for use in routine musculoskeletal pain. There was lack of significant evidence of the injured worker's pain level. In addition, the guidelines indicate not to exceed 120 mg oral morphine equivalence per day; however, with the Percocet and the Duragesic patches the morphine equivalent per day is 405. This exceeds the guidelines recommendations. In addition, the request did not indicate a frequency or quantity for this medication. Therefore, Duragesic Patch 100mg is not medically necessary.