

Case Number:	CM14-0024915		
Date Assigned:	06/11/2014	Date of Injury:	12/13/1996
Decision Date:	07/15/2014	UR Denial Date:	02/07/2014
Priority:	Standard	Application Received:	02/27/2014

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, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 57-year-old female with a reported date of injury on 12/13/1996. The mechanism of injury was not submitted within the medical records. Her diagnoses were noted to include cervical radiculopathy, lumbar radiculopathy, osteoarthritis of the bilateral knees, depression, hypertension, and chronic pain. Her previous treatments were noted to include drug therapy, activity modifications, and physical therapy. The progress note dated 01/08/2014 reported the injured worker rated her pain 8/10 with medications and 10/10 without medications. The injured worker reported pain increased with activities such as walking, and her pain was from the neck that radiated bilaterally to the upper extremities, and the low back pain radiated bilaterally to the lower extremities. The injured worker reported activities of daily living limitations in regards to self care and hygiene, activity, ambulation, and hand function. The provider reported myofascial trigger points were noted in the paraspinal and the range of motion of the lumbar spine was moderately limited secondary to pain, and pain was significantly increased with flexion and extension. The provider also reported the weaning of opioid medications were unsuccessful. The pain symptoms had severely worsened with the reduction of function/activities of daily living due to medication weaning. The attempted medication weaning dates included July through December of 2012. The injured worker's medications were listed as Cymbalta 60 mg 1 at night, Senekot S 8.6-15 mg 1 twice a day, Seroquel 50 mg 1 by mouth twice a day, Neurontin 600 mg 1 by mouth 3 times a day, Robaxin 500 mg 1 by mouth twice a day, Percocet 10-325 mg 1 by mouth every 4 hours, Voltaren 1% gel apply 1 to 3 gm to area as directed, and fentanyl 75 mcg/hour patch 1 to chest wall and change every 72 hours for pain. The request for authorization form dated 01/31/2014 was for Voltaren 1% gel apply 1 to 3 gms as directed #200, fentanyl 75 mcg/hour patch, apply 1 patch to chest wall and change every

72 hours #10, Percocet 10-325 mg twice a day #60 for pain, and Robaxin 750 mg tablets twice a day #45. The provider's rationale was not submitted for fentanyl, Voltaren, and Robaxin.

IMR ISSUES, DECISIONS AND RATIONALES

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

VOLTAREN 1% GEL #200: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

Decision rationale: The injured worker has been taking this medication since 11/2013. The California Chronic Pain Medical Treatment Guidelines state that The California MTUS Guidelines state topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety. The guidelines also state topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is little to no research to support the use of any of these agents. Any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. The guidelines state Voltaren gel 1% is indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). The guidelines state it has not been evaluated for treatment of the spine, hip, or shoulder. The documentation provided does not report where the voltaren gel is to be applied, as well as a lack of documentation regarding the efficacy of this medication. The guidelines recommend Voltaren gel for osteoarthritis and recommend utilization for short term use (4-12 weeks) due to efficacy diminishing over time. Additionally, the request failed to provide the frequency of the medication to be utilized. Therefore, the request is not medically necessary and appropriate.

FENTANYL 75MCG/HR PATCH #10: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-going Management Page(s): 78. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Duragesic (fentanyl transdermal patch), Opioid MED calculator.

Decision rationale: The injured worker has been on this medication since 11/2013. According to the California Chronic Pain Medical Treatment Guidelines, the ongoing use for opioid medications may be supported with detailed documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines also state the 4A's for ongoing monitoring, including analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors, should be addressed. The Official Disability Guidelines do not recommend fentanyl patch as a first-line therapy. The FDA-approved product labeling states that fentanyl

patches are indicated in the management of chronic pain in injured workers who require continuous opioid analgesia for pain that cannot be managed by other means. The guidelines also state due to the significant side effects, it is not for use in routine musculoskeletal pain. The documentation provided reports the injured worker's pain is rated 9/10 with medications, and 10/10 without medications. There was a lack of documentation regarding improved functional status with the use of this medication. The documentation provided does not mention side effects and does not indicate if the injured worker is showing any aberrant drug-taking behaviors by a urine drug screen and when the last test was performed. Therefore, as there is a lack of evidence regarding significant pain relief, increased function, side effects, and without details regarding urine drug testing to verify appropriate medication use and the absence of aberrant behaviors, the ongoing use of opioid medications is not supported by the guidelines. The guidelines also recommend 120 morphine equivalent doses per day, and due to the amount of fentanyl and Percocet, the dosage is 210 morphine equivalent doses, which exceeds the guidelines. Additionally, the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request is not medically necessary and appropriate.

ROBAXIN 750MG #45: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain) Page(s): 63, 65.

Decision rationale: The injured worker has been on this medication since 11/2013. The California Chronic Pain Medical Treatment Guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in injured workers with chronic low back pain. The guidelines state muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most low back pain cases, they show no benefit beyond Non-steroidal anti-inflammatory drug (NSAIDs) in pain and overall improvement. The guidelines also state efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. The documentation provided does show myofascial trigger points in the paraspinal. However, there was a lack of documentation regarding the efficacy of this medication as well as documentation regarding improved function with the use of this medication. Additionally, the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request is not medically necessary and appropriate.

PERCOCET 10-325MG #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management Page(s): 68.

Decision rationale: The injured worker has been on this medication since 11/2013. According to the California Chronic Pain Medical Treatment Guidelines, the ongoing use of opioid medications may be supported with detailed documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines state the 4A's for ongoing monitoring, including analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors should be addressed. The documentation provided shows the injured worker reported her pain as 8/10 with medications and 10/10 without medications. There was a lack of documentation regarding improved functional status and effects. There was a lack of documentation regarding aberrant drug-taking behaviors, and it is unclear whether the injured worker has had consistent urine drug screens and when the last test was performed. Therefore, due to a lack of documentation regarding significant pain relief, improved function, adverse effects, and without details regarding urine drug testing to verify appropriate medication use and the absence of aberrant behaviors, the ongoing use of opioid medications is not supported by the guidelines. Additionally, the combination of Percocet and fentanyl exceeds the recommended guidelines of 120 morphine equivalent dosages daily, the opiates together combined equal 210 morphine equivalent doses which exceed guidelines. And also, the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request is not medically necessary and appropriate.