

Case Number:	CM14-0030955		
Date Assigned:	06/20/2014	Date of Injury:	05/17/1999
Decision Date:	07/17/2014	UR Denial Date:	02/11/2014
Priority:	Standard	Application Received:	03/11/2014

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 and Rehabilitation and is licensed to practice in Texas and New York. 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 59-year-old male who reported an injury on 05/17/1999. The mechanism of injury was that the injured worker was using a machine in the course of his work when his shirt cuff was caught and crunched by a machine. The injured worker sustained an open grade III fracture of both bones of the dominant forearm. The injured worker subsequently underwent a removal of hardware. The medication history included opiates and PPIs in 2008. The documentation of 01/30/2014 revealed that the injured worker had upper extremity pain secondary to complex regional pain syndrome. The injured worker indicated that the Voltaren gel was not as effective for his pain. The current medications were listed to be Senna-S tablets at 2 tablets daily, ketamine 5% cream 60 gm to apply to affected area 3 times a day, pantoprazole/Protonix 20 mg #60 at 1 to 2 daily for stomach, Opana ER 10 mg to take 2 tablets every 12 hours, Voltaren 1% gel to apply to right arm 3 times a day, Flector 1.3% patches to apply to the affected area every 12 hours, Atrovent, Proventil, Qvar 40 mcg inhaler mcg/actuator and Cozaar 25 mg tablets; of these, the last 4 were prescribed by another physician. The diagnoses included reflex sympathetic dystrophy. The treatment plan included ketamine 5% cream; Prilosec DR 20 mg capsules 1 to 2 daily for the stomach, try Prilosec to see if more effective; Opana ER 10 mg 2 tablets every 12 hours; Senna-S tablets to take 2 daily with refills times 5; and Voltaren 1% gel to apply to right arm 3 times a day. The documentation of 02/28/2014 was written in appeal. It was documented that the injured worker had ineffective pain control using Voltaren gel; and due to long-term use and ineffective pain control, continuation would not be indicated. Subsequent documentation dated 03/24/2014 revealed the denial of 5 refills of Senna-S was based on the fact that while the injured worker was on an opioid, there should be frequent visits to assess how the injured worker is responding to therapy in addition to if the injured worker is exhibiting compliance with the medications. Regarding the Opana ER,

the documentation per the physician in appeal indicated that there was no objective evidence that the injured worker had functional improvement. The appeal letter reported evidence of noncompliance with medications. The physician documented that there was no functional improvement; and as such, the medical was not appropriate. The physician documented that the injured worker had been stabilized on Opana ER and Flector patches and utilized Opana ER and Flector patches for pain relief and Senna-S for constipation. The injured worker indicated that the pain was at a base level of 5/10 with Opana ER. It was indicated that the injured worker had previously tried several oral medications to help with pain; however, he had to discontinue them either due to side effects or no benefit. The medications included Vicodin, Norco, Trileptal, Cymbalta, hydromorphone, Neurontin, levorphanol, Topamax, nortriptyline, Lamictal, OxyContin, "Metocloramide," oxybutynin, tramadol, mexiletine, amitriptyline, methadone, Gabitril and Celebrex. It was indicated that the injured worker had been stabilized on Opana ER and was able to tolerate his pain. It was indicated that the injured worker utilized Opana ER 10 mg 2 tablets every 2 hours for right upper extremity pain. The injured worker had a urine drug screen on 10/13/2013, which revealed compliance with the medication. Additionally, it was indicated regarding the denial of 5 refills of Senna-S that the injured worker was utilizing opioids, and they were known to induce constipation. The injured worker reported opioid-induced constipation and utilized the laxative Senna as a prophylactic measure for the treatment of constipation. He indicated that the Senna was beneficial and used it as needed. The physician indicated that these medications should be approved.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Senna-s #60 with 5 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Initiation of Opioid Therapy Page(s): 77.

Decision rationale: The California MTUS Guidelines recommend that upon initiation of therapy, there should be prophylactic treatment of constipation. The clinical documentation submitted for review indicated that the injured worker had constipation and that the medication was effective. The duration of use could not be established through the supplied documentation. The request as submitted failed to indicate the frequency for the requested medication. The request for 5 refills without re-evaluation would be excessive. Given the above, the request for Senna-S #60 with 5 refills is not medically necessary.

Opanna ER 10 mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain, page 60, ongoing management Page(s): 60, 78.

Decision rationale: The California MTUS Guidelines recommend opiates for the treatment of chronic pain. There should be documentation of objective functional improvement and documentation that the injured worker is being monitored for aberrant drug behavior and side effects as well as documentation of objective functional benefit received from the medication. The clinical documentation submitted for review indicated that the injured worker was utilizing medication as prescribed and had an appropriate urine drug screen on 10/30/2013. It was indicated that the injured worker had pain relief and overall functional improvement on Opana ER, and the pain was noted to stay around a 5/10. Other medications were noted to be ineffective. The duration of use was noted to be since 2008. However, the request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Opana ER 10 mg #120 is not medically necessary.

1 Voltaren 1% gel: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Voltaren gel Page(s): 111.

Decision rationale: California MTUS states Voltaren Gel 1% (Diclofenac) is an FDA-approved agent indicated for relief of osteoarthritis pain in joints that lends themselves to topical treatment such as the ankle, elbow, foot, hand, knee, and wrist. It has not been evaluated for treatment of the spine, hip or shoulder. Maximum dose should not exceed 32 g per day (8 g per joint per day in the upper extremity and 16 g per joint per day in the lower extremity). The clinical documentation submitted for review indicated that the injured worker was getting constipation and heartburn with oral medications. As such, the injured worker was provided with Voltaren gel. However, the clinical documentation submitted for review indicated that the injured worker had less efficacy with the requested medication. The duration of use could not be established. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Voltaren 1% gel is not medically necessary. Additionally, the request as submitted failed to indicate a quantity for the requested medication.