

Case Number:	CM14-0038076		
Date Assigned:	06/25/2014	Date of Injury:	04/18/1991
Decision Date:	08/25/2014	UR Denial Date:	03/20/2014
Priority:	Standard	Application Received:	04/01/2014

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:

This is a 61 year-old male with a 4/18/91 date of injury. The mechanism of injury was not noted. According to a 5/16/14 progress note, the patient stated that his lumbar pain felt like burning nerve pain, aching nerve pain, radicular nerve pain, burning muscle pain, and is constant with pain that radiates into both legs. With medications the patient feels he can perform daily activities such as bathing and dressing with his cane and assistance. His pain is rated at a 7 with medications on a pain scale of 0-10, and a 10 without medications. Objective findings: abnormal lumbar spine ROM, pain with lumbar spine range of motion testing, severe dysesthesias in the left lower limb just distal to mid-calf, and tenderness to palpation over the lumbar facet joints. Diagnostic impression: spondylosis, reflex sympathetic dystrophy, postlaminectomy syndrome, myositis pain/fibromyositis/myalgia, and chronic pain syndrome. Treatment to date: medication management, activity modification, epidural steroid injections (ESI). A UR decision dated 3/20/14 modified the requests for Fentanyl patch 75 mcg/hr from a quantity of 10 patches to 5 patches for weaning purposes, Fentanyl patch 100 mcg/hr from a quantity of 10 patches to 5 patches, and Oxycodone from a quantity of 60 tablets to 30 tablets. The request for Amitriptyline was denied because the patient's pain scale with medication was 7/10 and 10/10 without medications, indicating that the patient did not have documented significant relief with the medication regimen. Regarding Fentanyl and Oxycodone, the documentation submitted for review indicated that the patient did not have significant analgesic relief nor improved functional ability from the medication regimen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fentanyl 75mcg/hr transdermal patch #10: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-79.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that Duragesic is indicated in the management of chronic pain in patients who require continuous opioid analgesia for pain that cannot be managed by other means, but is not recommended as a first-line therapy. A 2/28/14 progress note indicated that the physician is decreasing the patient's total Fentanyl dose from 175 mcg every 72 hours to 150 mcg every 72 hours. In a 3/21/14 report, the patient is currently on Fentanyl 150 mcg and is doing well with the titration of medication. According to the progress notes dated 4/18/14 and 5/16/14, the patient is no longer on Fentanyl patches and is on MS Contin 60 mg. In addition, there is documentation of an Request for Authorization dated 5/22/14 requesting MS Contin 60 mg and no requests for Fentanyl. A previous UR decision from 3/20/14 had modified the request for Fentanyl 75 mcg/hr 10 patches to 5 patches for weaning purposes. It is unclear why there is a request for Fentanyl patches at this time. Therefore, the request for Fentanyl 75mcg/hr transdermal patch #10 is not medically necessary.

Fentanyl 100mcg/hr transdermal patch #10: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-79.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines states that Duragesic is indicated in the management of chronic pain in patients who require continuous opioid analgesia for pain that cannot be managed by other means, but is not recommended as a first-line therapy. A 2/28/14 progress note indicated that the physician is decreasing the patient's total Fentanyl dose from 175 mcg every 72 hours to 150 mcg every 72 hours. In a 3/21/14 report, the patient is currently on Fentanyl 150 mcg and is doing well with the titration of medication. According to the progress notes dated 4/18/14 and 5/16/14, the patient is no longer on Fentanyl patches and is on MS Contin 60 mg. In addition, there is documentation of an Request for Authorization dated 5/22/14 requesting MS Contin 60 mg and no requests for Fentanyl. A previous UR decision from 3/20/14 had modified the request for Fentanyl 100 mcg/hr 10 patches to 5 patches for weaning purposes. It is unclear why there is a request for Fentanyl patches at this time. Therefore, the request for Fentanyl 100 mcg/hr transdermal patch #10 is not medically necessary.

Amitriptyline 150mg#30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13-14. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that antidepressants are recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. In addition, ODG identifies that anxiety medications in chronic pain are recommended for diagnosing and controlling anxiety as an important part of chronic pain treatment. It is documented in several progress notes that the patient's oral pain medications cause him constipation and dry mouth, both side effects associated with Amitriptyline use. The physician has not addressed the issue of the patient's side effects in the reports reviewed. Guidelines do not support continuous use of medications in the presence of side effects. Therefore, the request for Amitriptyline 150 mg #30 is not medically necessary.

Oxycodone 15mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-79.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-81.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. According to several progress notes, it is documented that the patient's pain medications cause the patient constipation and dry mouth. Guidelines do not support the continued use of opioid medications in the presence of side effects, which the physician has not addressed. According to the progress notes dated 4/18/14 and 5/16/14, the patient is no longer taking Oxycodone and is now taking MS Contin 60 mg. In addition, there is documentation of a Request for Authorization dated 5/22/14 requesting MS Contin 60 mg and no request for Oxycodone. It is unclear why the physician is requesting Oxycodone at this time. Therefore, the request for Oxycodone 15 mg #60 is not medically necessary.