

Case Number:	CM14-0040541		
Date Assigned:	06/20/2014	Date of Injury:	02/25/2002
Decision Date:	08/29/2014	UR Denial Date:	02/28/2014
Priority:	Standard	Application Received:	03/10/2014

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 patient is a 59 year old male who has developed chronic low back, shoulder and knee pain secondary to a lifting injury on 2/25/2002. He has been treated with left knee surgery for ACL repair and menesectomy, right shoulder surgery, and has had mutiple injection trials for the spine including epidurals X's 6, facet block trial and SI joint blocks. The epidural injections are reported to provide some relief for a short period of time. There has been quatification of the amount of relief and for how long. There was no change in medications after epidurals and VAS scores remained the same. The facet injections and SI joint blocks provided no benefits. A spinal cord stimulator has been placed and reported to help the pain by 6 (six) percent. He is streated with oral analgesics which include Oxymophone ET 40mg. BID, Oxycodone 30mg. 1-2 q 4 hrs prn (ave 8-10 per day) Fendora 400mcg #84 prn pain, Celebrex 200mg. q.d. and Nuvigil 250mg q am for overcoming sedation. Prior urine drug screens have been positive for the prescribed opioids and negative for previously prescribed antidepressents. Urine drug screens for the past 12 months have been possitive for THC. In May '14 use of THC was denied by the patient when asked by the Psychiatric AME evaluator. VAS scores are consistently 7-8/10. There is no reports of diminished VAS scores due to opioid use and there are no reports of functional benefits or changes.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 L4-5 lumbar epidural steroid injection: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Injections Page(s): 46.

Decision rationale: MTUS Guidelines are very specific regarding what is adequate criteria to justify repeat epidural injections i.e. there should be at least 50% pain relief and diminished use of pain medications for 6-8 weeks as a consequence of this level of pain relief. Multiple prior epidural injections did not result in any change in medication use and there were no changes in reported pain scores. There are no unusual circumstances to justify an exception to Guideline recommendations. The requested epidural injection is not medically necessary.

1 Prescription of Oxycodone 30,g #270: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Discontinue Opioids,When to continue Opioids,Opioid Hyperalgesia Page(s): 79,80,96.

Decision rationale: MTUS Guidelines recommend discontinued use of Opioids when there is no pain relief or functional benefits. The prescribing physician documents neither. The VAS Scores are reported to be 7-8/10 regardless of the amount of opioid utilized or the type or opioid utilized. There is no reporting of the specific pattern that the Oxycodone is used, how much pain relief it provides, nor how long it provides pain relief. There is no documentation of the patients functional improvements as a result of the opioid use. It is documented that the Opioids are causing intolerable side effects and a stimulant has to be used to overcome the sedation. In addition, per MTUS Guidelines recommend consideration of possible Opioid hyperalgesia in these circumstances. There is no documented consideration if the opioids are causing a hyperalgesia syndrome. At this point in time the requested prescription does not meet Guideline criteria, therefore the request for Oxycodone is not medically necessary.

1 Prescription of Fentora 400mcg #84: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Actiq Page(s): 12. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: <http://www.rxlist.com/fentora-drug/indications-dosage.htm>.

Decision rationale: Fentora is a subuccal tablet utilized for the quick absorption of Fentanyl through the oral mucosa. This drug is essentially the same as Actiq which is the same drug (Fentanyl) in a lollipop form for quick oral mucosal absorption. MTUS Guidelines are very specific that this form of Fentanyl is not indicated for chronic pain conditions. The Guidelines

support its use only in Cancer patients under specific circumstances. In addition, the physicians guide's for use of this drug also state it is only for use in specific cancer patients. There are no unusual circumstances to justify an exception to Guideline recommendations. The Fentora 400mcg #84 is not medically necessary.

1 Prescription of Lamictal 25mg: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs). Decision based on Non-MTUS Citation American Psychiatric Association (APA). Practice guideline for the treatment of patients with major depressive disorder. 3rd ed. Arlington (VA): American Psychiatric Association (APA); 2010 Oct. 152 p.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epileptic drugs Page(s): 20.

Decision rationale: A trial of Lamictal is supported by MTUS Guideline recommendations when there is a component of neuropathic pain. It has been established that there is a component of neuropathic pain. Therefore, the request is medically necessary.