

Case Number:	CM14-0048407		
Date Assigned:	07/02/2014	Date of Injury:	03/12/2002
Decision Date:	08/21/2014	UR Denial Date:	03/18/2014
Priority:	Standard	Application Received:	04/16/2014

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 Anesthesiology has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 50-year-old male with a 3/12/02 date of injury. At the time (3/7/14) of request for authorization for 1 Prescription of Flector Patches 1.3% #30 with 2 refills and 1 Prescription of Neurontin 600mg #90 with 2 refills, Opana ER 40mg #60, and Opana 5mg #60, there is documentation of subjective (chronic low back pain with radicular symptoms to the left lower extremity extending to the knee and chronic neck pain with radicular symptoms to the bilateral upper extremities) and objective (tenderness to palpation over the lumbar and cervical spine, slightly reduced flexion of the knee, and limited lower extremities motor testing) findings, current diagnoses (lumbar degenerative disc disease, chronic low back pain, and bilateral lumbosacral radiculopathy), and treatment to date (medications (including ongoing treatment with Neurontin, Opana ER, Opana, Lyrica, and Benazepril with approximately 40% reduction in pain with use of medications)). Regarding Flector patches, there is no documentation of a condition/diagnosis (with supportive subjective/objective findings for which diclofenac epolamine (1.3%) is indicated (acute strains, sprains, contusions, or osteoarthritis) and the intention to treat over a short course (4-12 weeks). In addition, medical report identifies a signed opioid contract. Regarding Neurontin, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Neurontin use to date. Regarding Opana ER 40mg #60 and Opana 5mg #60, there is no documentation that Opana is being used as second line therapy for long acting opioids and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Opana use to date.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription of Flector Patches 1.3% #30 with 2 refills: 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 Non-steroidal anti-inflammatory agents (NSAIDs) Page(s): 111-112. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Flector patch (diclofenac epolamine).

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist) and short-term use (4-12 weeks), as criteria necessary to support the medical necessity of topical NSAIDs. ODG identifies documentation of failure of an oral NSAID or contraindications to oral NSAIDs and a condition/diagnosis (with supportive subjective/objective findings for which diclofenac epolamine (1.3%) is indicated (such as: acute strains, sprains, and contusions), as criteria necessary to support the medical necessity of Flector patch. Within the medical information available for review, there is documentation of diagnoses of lumbar degenerative disc disease, chronic low back pain, and bilateral lumbosacral radiculopathy. However, there is no documentation of a condition/diagnosis (with supportive subjective/objective findings for which diclofenac epolamine (1.3%) is indicated (acute strains, sprains, contusions, or osteoarthritis) and the intention to treat over a short course (4-12 weeks). Therefore, based on guidelines and a review of the evidence, the request for 1 Prescription of Flector Patches 1.3% #30 is not medically necessary.

1 Prescription of Neurontin 600mg #90 with 2 refills: 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 Gabapentin (Neurontin) Page(s): 18-19.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of neuropathic pain, as criteria necessary to support the medical necessity of Neurontin. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnosis of lumbar degenerative disc disease, chronic low back pain, and bilateral lumbosacral radiculopathy. In addition, there is documentation of neuropathic pain. However, despite documentation of ongoing treatment with Neurontin with approximately 40% reduction in pain

with use of medication, there is no (clear) documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Neurontin use to date. Therefore, based on guidelines and a review of the evidence, the request for 1 Prescription of Neurontin 600mg #90 with 2 refills is not medically necessary.

1 Prescription of Opana ER 40mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Oxymorphone (Opana).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-80. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Oxymorphone (Opana).

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines necessitate documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of opioids. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG identifies Opana as second line therapy for long acting opioids. Within the medical information available for review, there is documentation of diagnoses of lumbar degenerative disc disease, chronic low back pain, and bilateral lumbosacral radiculopathy. In addition, given documentation of a signed opioid contract, there is documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. However, there is no documentation that Opana is being used as second line therapy for long acting opioids. In addition, despite documentation of ongoing treatment with Opana ER with approximately 40% reduction in pain with use of medication, there is no (clear) documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Opana ER use to date. Therefore, based on guidelines and a review of the evidence, the request for 1 prescription of Opana ER 40mg #60 is not medically necessary.

1 Prescription of Opana 5mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Oxymorphone (Opana).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-80. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

Pain, Oxymorphone (Opana).

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines necessitate documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of opioids. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG identifies Opana as second line therapy for long acting opioids. Within the medical information available for review, there is documentation of diagnoses of lumbar degenerative disc disease, chronic low back pain, and bilateral lumbosacral radiculopathy. In addition, given documentation of a signed opioid contract, there is documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. However, there is no documentation that Opana is being used as second line therapy for long acting opioids. In addition, despite documentation of ongoing treatment with Opana with approximately 40% reduction in pain with use of medication, there is no (clear) documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Opana use to date. Therefore, based on guidelines and a review of the evidence, the request for 1 prescription of Opana 5mg #60 is not medically necessary.