

Case Number:	CM14-0053315		
Date Assigned:	08/08/2014	Date of Injury:	02/04/2009
Decision Date:	10/02/2014	UR Denial Date:	04/10/2014
Priority:	Standard	Application Received:	04/21/2014

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 Illinois. 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 64-year-old morbidly obese woman with a history of lap-band procedure in 2011 with low back pain and right lower extremity radiculopathy who had multi-level lumbar spine surgery for disc bulges in 2009. Her date of injury is Feb 4, 2009. Imaging studies showed moderate bilateral foraminal stenosis with bilateral degenerative facet changes in broad-based disc bulges and a large central disc extrusion. Lower extremity pain is described as hot, burning, lancinating and electrical with bladder incontinence. She has an antalgic gait with a single point cane.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fentanyl Patch 12 mcg/hr q 48 hr for baseline pain relief #15: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duragesic (fentanyl transdermal system) Page(s): 44.

Decision rationale: Fentanyl patch (Duragesic) is an opioid analgesic indicated in the management of persistent, moderate to severe chronic pain in opioid-tolerant patients when a continuous, around-the-clock opioid analgesic is required for an extended period of time, and is

available in the following dosages: 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr, and 100 mcg/hr. This worker has chronic, persistent low back pain with severe radiculopathy requiring long term opioid analgesia. Per the Medical Treatment Utilization Schedule (MTUS), Duragesic is not recommended as a first-line therapy. The Food and Drug Administration (FDA) approved product labeling 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. Patches are usually applied every 72 hours, however some patients may not achieve adequate analgesia and may require patches to be applied every 48 hours because of unpredictable absorption, which seems to be the case in this injured worker. Therefore, the request is medically necessary.

Hydrocodone APAP 2.5/108 mg/15ml #900 ml solution: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS, SPECIFIC DRUG LIST; OPIOIDS FOR CHRONIC PAIN; OPIOIDS, CRITERIA FOR USE Page(s): 91; 79.

Decision rationale: Hydrocodone with acetaminophen is indicated for moderate to moderately severe pain. The injured worker has chronic low back pain with radiculopathy. Chronic pain can have a mixed physiologic etiology of both neuropathic and nociceptive components. In most cases, analgesic treatment should begin with acetaminophen, aspirin, and non-steroidal anti-inflammatory drugs (NSAIDs) (as suggested by the World Health Organization [WHO] step-wise algorithm). When these drugs do not satisfactorily reduce pain, opioids for moderate to moderately severe pain may be added to (not substituted for) the less efficacious drugs. Under the Criteria for Use of opioids, on-going management, actions should include: ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. Four domains have been proposed as most relative for ongoing monitoring: pain relief, side effects, physical and psychosocial functioning and the occurrence of any potentially aberrant drug-related behaviors. Another reason to continue opioids is if the worker has returned to work; however, this information has not been made available. The injured worker is compliant with her drug regimen as shown through urine screening, exhibits no drug-seeking behavior and has signed an opioid agreement. In addition, the documentation provided on this injured worker states the worker had 60% pain improvement in functional status, with an inability to reduce the medications due to a return to pain. This medication is used one to two times daily for breakthrough pain. Therefore, this request is medically necessary.

Gabapentin 300 mcg/6ml, #470 ml solution: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drug (AEDs) Page(s): 49.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin) Page(s): 49.

Decision rationale: The treating physician states the injured worker is awaiting back surgery for relief of her radicular symptoms. Her neuropathic pain is 40% relieved with gabapentin, an anti-epilepsy drug which has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. Therefore, the request is medically necessary.

Shower chair: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Zunzunegui MV, Nunez O, Durban M, Garc a de Y benes MJ, Otero A. Decreasing prevalence of disability in activities of daily living, functional limitations and poor self-rated health: a 6-year follow-up study in Spain. Aging Clin Exp Res. 2006 Oct;18(5): pages 352-8. Jacobs BC, Lee JA. Durable medical equipment: types and indications. Med Clin North Am. 2014 Jul;98(4): pages 881-93 Centers for Medicare & Medicaid Services (CMS), HHS. Medicare program; end-s

Decision rationale: A shower chair is not addressed in the Medical Treatment Utilization Schedule (MTUS), the American College of Occupational and Environmental Medicine (ACOEM) or the Official Disability Guidelines (ODG). There is no explanation of specific functional limitations, including limitations of activities of daily living (ADLs), that justify the request for a shower chair. Therefore, there is no rationale for the approval of this durable medical equipment (DME).