

Case Number:	CM14-0057497		
Date Assigned:	09/12/2014	Date of Injury:	06/05/1998
Decision Date:	10/14/2014	UR Denial Date:	03/24/2014
Priority:	Standard	Application Received:	04/28/2014

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 & Rehabilitation and is licensed to practice in Texas & Oklahoma. 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 65-year-old male who reported an injury on 06/05/1998. While the injured worker was carrying a car door to the paint shop, he squatted down and sustained injury to his back. The injured worker's treatment history included x-rays, medications, surgery, and dental extractions. On 11/20/2013, it was documented that the injured worker was complaining of tooth decay and pain as a result to his teeth had to be extracted due to the usage of fentanyl. The injured worker has been on fentanyl since 01/15/2010. The injured worker's treatment history included epidural steroid injections, x-rays, longterm pain medication usage, and surgery. The injured worker was evaluated on 03/17/2014. The injured worker was being seen for medication refill. The injured worker complained of left knee pain. The pain was rated at 5/10 to 7/10 on the pain scale. Physical examination revealed limitation in motion. The injured worker was aggressive about the [REDACTED] program. The provider recommended discontinuation of fentanyl patch, continue with Fentora 200 mg #120 for 1 month and would start to wean off the medication the following month if Nucynta 50 mg 1 to 2 tablets as needed works. The provider stated that this would be a nice substitute for all the potent opioids the injured worker was currently using. This was the plan along with the VA exercise; the injured worker may not need the [REDACTED] program anymore. The rest of the handwritten note was illegible. Diagnoses included chronic pain syndrome, failed back surgery syndrome, and status post bilateral hip replacement, date unknown. Medications included Nucynta 50 mg, Fentora 200 mg, Lunesta 3 mg, and Prilosec 40 mg. The Request for Authorization was not submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nucynta 50 mg # 120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Chronic Pain Medical Treatment Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 78.

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) guidelines state that criteria for use for ongoing- management of opioids include ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. There was lack of evidence of opioid medication management and average pain, intensity of pain, or longevity, of pain relief. In addition, the request does not include the frequency or duration of medication. Moreover, there was lack of evidence of outcome measurements of conservative care such as, pain medication management and home exercise regimen outcome improvements noted for the injured worker. The documentation submitted for review the injured worker was positive for Opioid usage, however long-term goals were not provided. As such, the request is not medically necessary.

Fentora 200 mg # 120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Therapeutic trial of opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Fentora (Fentanyl Buccal tablet) Page(s): 47.

Decision rationale: Chronic Pain Medical Treatment Guidelines do not recommend Fentora for musculoskeletal pain. Fentora is an opioid painkiller currently approved for the treatment of breakthrough pain in certain cancer patients. Cephalon had applied to the FDA for approval to market the drug for patients with other pain conditions such as chronic low back pain and chronic neuropathic pain, but approval was not obtained. The provider failed to indicate pain medication management for the injured worker. Moreover, the request failed to include frequency and duration of medication. As such, the request for Fentora is not medically necessary.

Lunesta 3 mg # 30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Med Lett Drugs Ther. 2005 Feb 28; 47 (1203): 17-9

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Zolpidem & Lunesta (Ambien) & Insomnia.

Decision rationale: The Official Disability Guidelines (ODG) states that Lunesta is a prescription short-acting non-benzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia. Proper sleep hygiene is critical to the individual with chronic pain and often is hard to obtain. Various medications may provide short-term benefit. While sleeping pills, so-called minor tranquilizers, and anti-anxiety agents are commonly prescribed in chronic pain, pain specialists rarely, if ever, recommend them for long-term use. They can be habit-forming, and they may impair function and memory more than opioid pain relievers. There is also concern that they may increase pain and depression over the long-term. The documentation that was submitted indicated the injured worker has been on Lunesta since 01/15/2010. In addition, the request did not include the frequency, dosage and duration for the medication for the injured worker. The guidelines do not recommend Lunesta for long-term use. Therefore, the continued use of Lunesta is not supported. As such the request is not medically necessary. supported. As such the request is not medically necessary.

Prilosec 40 mg # 30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guideleine - Treatment in Workers' Compensation - Proton Pump Inhibitors

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Proton pump inhibitors Page(s): 68-69.

Decision rationale: Prilosec is recommended for patients taking NSAIDs who are at risk of gastrointestinal events. The documentation submitted did not indicate the injured worker having gastrointestinal events however, it was not clear if it was from medications. The provider failed to indicate the frequency, dosage and quantity medication on the request that was submitted. In addition, the provider failed to indicate long term functional goals or medication pain management outcome measurements for the injured worker. Given the above, the request for Prilosec 40 mg #30 is not medically necessary.