

Case Number:	CM14-0062755		
Date Assigned:	07/11/2014	Date of Injury:	02/01/1999
Decision Date:	08/14/2014	UR Denial Date:	04/11/2014
Priority:	Standard	Application Received:	05/05/2014

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 69-year-old female with a 2/1/99 date of injury, and status post fusion C5/6/7 (undated). At the time (4/11/14) of request for authorization for Duragesic patch 50mcg #10, Subsys 400 mcg #30 count, and Percocet 10/325mg #30, there is documentation of subjective (pain under her shoulder blade and mid back pain, medications are helping) and objective (tender mid thoracic spine pain on right, less spasms on exam, tender right greater than left thoracic spine) findings, current diagnoses (post laminectomy syndrome cervical region, cervicalgia, spasm of muscle and cervicocranial syndrome), and treatment to date (medications (including ongoing treatment with Duragesic patch, Subsys, and Percocet)). Regarding Duragesic patch, there is no documentation of pain that requires continuous, around-the-clock opioid administration for an extended period of time, and cannot be managed by other means; has demonstrated opioid tolerance, no contraindications exist 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 Duragesic patch use to date. Regarding Percocet, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, side effects 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 Percocet use to date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Duragesic patch 50mcg #10: 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 Duragesic (fentanyl transdermal system) Page(s): 44. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Duragesic and Fentanyl and FDA.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines identify documentation of chronic pain in patients who require continuous opioid analgesia for pain that cannot be managed by other means, as criteria necessary to support the medical necessity of Duragesic. The MTUS Chronic Pain Medical Treatment Guidelines also identify that Duragesic is not recommended as a first-line of therapy. The 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. The Official Disability Guidelines identify documentation that Duragesic is not for use in routine musculoskeletal pain. The Food and Drug Administration identifies documentation of persistent, moderate to severe chronic pain that requires continuous, around-the-clock opioid administration for an extended period of time, and cannot be managed by other means; that the patient is already receiving opioid therapy, has demonstrated opioid tolerance, and requires a total daily dose at least equivalent to Duragesic25 mcg/h; and no contraindications exist, as criteria necessary to support the medical necessity of Duragesic patch. Within the medical information available for review, there is documentation of diagnoses of post laminectomy syndrome cervical region, cervicgia, spasm of muscle and cervicocranial syndrome. In addition, there is documentation of persistent, moderate to severe chronic pain, that the patient is already receiving opioid therapy, and requires a total daily dose at least equivalent to Duragesic25 mcg/h. However, there is no documentation of pain that requires continuous, around-the-clock opioid administration for an extended period of time, and cannot be managed by other means, and has demonstrated opioid tolerance, and no contraindications exist. In addition, despite documentation that medications are helping, 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 Duragesic patch use to date. Therefore, based on guidelines and a review of the evidence, the request for Duragesic patch 50mcg #10 is not medically necessary.

Subsys 400 mcg #30 count: 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 Fentanyl Page(s): 44. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain,

Subsys (fentanyl sublingual spray) Other Medical Treatment Guideline or Medical Evidence:
<http://www.drugs.com/subsys.html>.

Decision rationale: An online search identifies Subsys as a Fentanyl Sublingual Spray. The MTUS Chronic Pain Medical Treatment Guidelines identify that Fentanyl is not recommended as a first-line therapy and documentation is required in use of chronic pain in patients who require continuous opioid analgesia for pain that cannot be managed by other means as criteria necessary to support the medical necessity of fentanyl. The Official Disability Guidelines identify that Subsys (fentanyl sublingual spray) is not recommended for musculoskeletal pain. Therefore, based on guidelines and a review of the evidence, the request for Subsys 400 mcg #30 is not medically necessary.

Percocet 10/325mg #30: 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 Opioids Page(s): 74-80.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines necessitate documentation that the prescriptions are from a single practitioner and are taken with the following directions; 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. The 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 diagnoses of post laminectomy syndrome cervical region, cervicalgia, spasm of muscle, and cervicocranial syndrome. However, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In addition, despite documentation that medications are helping, 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 Percocet use to date. Therefore, based on guidelines and a review of the evidence, the request for Percocet 10/325mg #30 is not medically necessary.