

Case Number:	CM14-0069591		
Date Assigned:	07/14/2014	Date of Injury:	05/12/2006
Decision Date:	09/15/2014	UR Denial Date:	04/15/2014
Priority:	Standard	Application Received:	05/14/2014

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 46-year-old female with a 5/12/06 date of injury. At the time (4/3/14) of request for authorization for 180 tablets of Dilaudid 4 mg between 4/11/2014 and 5/26/2014, 60 tablets of Soma 350 mg between 4/11/2014 and 5/26/2014, and 15 Patches of Duragesic 50 mcg between 4/11/2014 and 5/26/2014, there is documentation of subjective (lower back, thoracic spine, neck, bilateral arms, and wrists pain) and objective (decreased cervical range of motion, negative bilateral Spurling test, negative Tinnel's sign, and negative Phalene's maneuver) findings, current diagnoses (lumbosacral spondylosis without myelopathy, cervical disc displacement without myelopathy, cervical spondylosis without myelopathy, and degeneration of cervical intervertebral disc), and treatment to date (medications (including ongoing treatment with Dilaudid, Soma, and Duragesic patch since at least 11/8/13)). Medical report identifies that medications allow the patient to perform activities of daily living. In addition, medical report identifies adherence to opioid medication management. Regarding Soma, there is no documentation of short-term (up to two weeks) treatment. Regarding Duragesic patch, there is no 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 Duragesic 25 mcg/h; and no contraindications exist.

IMR ISSUES, DECISIONS AND RATIONALES

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

180 tablets of Dilaudid 4 mg between 4/11/2014 and 5/26/2014: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 44, 74-96, 29.

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

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. Within the medical information available for review, there is documentation of diagnoses of lumbosacral spondylosis without myelopathy, cervical disc displacement without myelopathy, cervical spondylosis without myelopathy, and degeneration of cervical intervertebral disc. In addition, there is ongoing treatment with Dilaudid. Furthermore, given documentation of adherence to opioid medication management, 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. Lastly, given documentation that Dilaudid allows the patient to perform activities of daily living, there is documentation of functional benefit and improvement as an increase in activity tolerance as a result of Dilaudid use to date. Therefore, based on guidelines and a review of the evidence, the request for 180 tablets of Dilaudid 4 mg between 4/11/2014 and 5/26/2014 is medically necessary.

60 tablets of Soma 350 mg between 4/11/2014 and 5/26/2014: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 44, 74-96, 29.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma) Page(s): 29. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Muscle relaxants (for pain).

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that Carisoprodol (Soma) is not recommended and that this medication is not indicated for long term use. 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 that muscle relaxants are recommended as a second line option for short-term (less

than two weeks) treatment of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Within the medical information available for review, there is documentation of diagnoses of lumbosacral spondylosis without myelopathy, cervical disc displacement without myelopathy, cervical spondylosis without myelopathy, and degeneration of cervical intervertebral disc. In addition, there is documentation of ongoing treatment with Soma. Furthermore, given documentation that Soma allows the patient to perform activities of daily living, there is documentation of functional benefit and improvement as an increase in activity tolerance as a result of Soma use to date. However, there is no documentation of acute muscle spasms or acute exacerbations of chronic low back pain. In addition, given documentation of prescriptions since at least 11/8/13, and a request for 60 tablets of Soma, there is no documentation of short-term (up to two weeks) treatment. Therefore, based on guidelines and a review of the evidence, the request for 60 tablets of Soma 350 mg between 4/11/2014 and 5/26/2014 is not medically necessary.

15 Patches of Duragesic 50 mcg between 4/11/2014 and 5/26/2014: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 44, 74-96, 29.

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: MTUS Chronic Pain Medical Treatment Guidelines identifies 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. MTUS Chronic Pain Medical Treatment Guidelines identifies that Duragesic is not recommended as first-line therapy. 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 documentation that Duragesic is not for use in routine musculoskeletal pain. FDA 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 Duragesic 25 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 lumbosacral spondylosis without myelopathy, cervical disc displacement without myelopathy, cervical spondylosis without myelopathy, and degeneration of cervical intervertebral disc. In addition, there is documentation of pain and ongoing treatment with Duragesic Patch. Furthermore, given documentation that Duragesic Patch allows the patient to perform activities of daily living, there is documentation of functional benefit and improvement as an increase in activity tolerance as a result of Duragesic patch use to date. However, there is no 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 Duragesic 25 mcg/h; and no contraindications exist. Therefore, based on guidelines and a review of the evidence, the request for 15 Patches of Duragesic 50 mcg between 4/11/2014 and 5/26/2014 is not medically necessary.