

Case Number:	CM14-0076777		
Date Assigned:	07/18/2014	Date of Injury:	09/21/2008
Decision Date:	08/28/2014	UR Denial Date:	04/23/2014
Priority:	Standard	Application Received:	05/27/2014

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 65-year-old male with a 9/21/08 date of injury. At the time (4/2/14) of request for authorization for Fentanyl patch 100mcg/hour, #15 and Gralise 600 mg, #90, there is documentation of subjective (chronic moderate pain involving bilateral wrists, low back, right knee, and right hip; and chronic bilateral foot pain due to peripheral neuropathy) and objective (tenderness to palpation in the bilateral paracervical areas and tenderness to palpation over the dorsal aspect of the feet with decreased sensation below the shins bilaterally) findings, current diagnoses (chronic pain syndrome), and treatment to date (ongoing therapy with Norco, Naprosyn, Fentanyl patch, and Gralise with 30% pain relief). In addition, 4/28/14 medical report identifies that the patient has persistent, ongoing chronic pain, requiring around the clock opioid therapy; and a request to add Morphine Sulfate ER in hopes of reducing reliance on Norco. Regarding Fentanyl patch 100mcg/hour, #15, there is no documentation that pain cannot be managed by other means and that the patient has demonstrated opioid tolerance; 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 use of Fentanyl patch. Regarding Gralise 600 mg, #90, 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 use of Gralise.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fentanyl patch 100mcg/hour, #15: 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 (fentanyl transdermal system).

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 Fentanyl. MTUS Chronic Pain Medical Treatment Guidelines identifies that Fentanyl 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 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 Fentanyl 25 mcg/h, as criteria necessary to support the medical necessity of Fentanyl. Within the medical information available for review, there is documentation of a diagnosis of chronic pain syndrome. In addition, there is documentation of persistent, moderate to severe chronic pain that requires continuous, around-the-clock opioid administration for an extended period of time; that the patient is already receiving opioid therapy, and requires a total daily dose at least equivalent to Fentanyl 25 mcg/h. However, given documentation of ongoing treatment with Norco and a request to add Morphine Sulfate ER in hopes of reducing reliance on Norco, there is no (clear) documentation that pain cannot be managed by other means and that the patient has demonstrated opioid tolerance. In addition, despite documentation of 30% pain relief with Fentanyl patch, there is 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 use of Fentanyl patch. Therefore, based on guidelines and a review of the evidence, the request for Fentanyl patch 100mcg/hour, #15 is not medically necessary.

Gralise 600mg, #90: 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 (gabapentin). 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 a diagnosis of chronic pain syndrome. In addition, there is documentation of neuropathic pain. However, despite documentation of 30% pain relief with Gralise, 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 use of Gralise. Therefore, based on guidelines and a review of the evidence, the request for Gralise 600 mg, #90 is not medically necessary.