

Case Number:	CM14-0086055		
Date Assigned:	09/10/2014	Date of Injury:	03/26/2003
Decision Date:	10/10/2014	UR Denial Date:	05/31/2014
Priority:	Standard	Application Received:	06/09/2014

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 Anesthesia, has a subspecialty in Acupuncture & Pain Medicine 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:

59y/o female injured worker with date of injury 3/26/03 with related neck, low back, and hip pain. Per progress report dated 5/14/14, she rated her pain without medications as 9/10 and 5-6/10 with medications. She reported the use of medications allowed her to be more active including walking, taking care of the home, teaching, and volunteering. MRI of the lumbar spine dated 6/12/06 revealed at L3-L4 through L5-S1 deteriorating disc disease, annular tear, left paracentral disc at L4-L5 and right greater than left of the dorsal margin L5-S1, lumbar scoliosis, L4-L5 facet joint synovitis, sacralization of the 5th lumbar segment, perineural tarlov cyst and/or dilated nerve root sheath at S2 and S3 extending into the right S2-S3 neuroforamen, probable bony erosion involving the dorsal margin of the S2 vertebrae. She was refractory to physical therapy, and chiropractic manipulation. She has been treated with medication management. The date of Utilization Review (UR) decision was 5/31/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Duragesic Patch 100mg, qty 15: Upheld

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

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

Decision rationale: Per MTUS CPMTG with regard to Duragesic: "Not recommended as a first-line therapy. Duragesic is the trade name of a fentanyl transdermal therapeutic system, which releases fentanyl, a potent opioid, slowly through the skin. It is manufactured by [REDACTED]

[REDACTED] and marketed by [REDACTED]. The 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."Per MTUS Chronic Pain Medical Treatment Guidelines p78 regarding on-going management of opioids "Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: Pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug related behaviors. These domains have been summarized as the '4 As' (Analgesia, activities of daily living, adverse side effects, and any aberrant drug-taking behaviors).The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs."Review of the available medical records reveal insufficient documentation to support the medical necessity of Duragesic and insufficient documentation addressing the '4 A's' domains, which is a recommended practice for the on-going management of opioids. Per progress report dated 5/14/14, pain reduction from 9/10 to 5-6/10 was achieved with medications. Functional improvement was noted in the form of allowing the injured worker to be more active including walking, taking care of the home, teaching, and volunteering. However, efforts to rule out aberrant behavior (e.g. CURES report, UDS, opiate agreement) are necessary to assure safe usage and establish medical necessity, and were not available in the documentation. Per the latest progress report dated 7/16/14, it was noted that her last urine drug screen was negative, however at that time, she stated that she was having difficulties getting her medications filled in a timely manner. She was asked if she was getting her medications regularly, to which she replied yes. Urine drug screen was to be repeated. Without regular Urine Drug Screen (UDS) assuring safe medication usage, medical necessity cannot be affirmed. The request is not medically necessary and appropriate.

Duragesic Patch 100mg, qty 15 (to be dispensed after 6/13/14): Upheld

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

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

Decision rationale: Per MTUS Chronic Pain Medical Treatment Guidelines p78 regarding on-going management of opioids "Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: Pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug related behaviors. These domains have been summarized as the '4 As' (Analgesia, activities of daily living, adverse side effects, and any aberrant drug-taking behaviors).The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs."Review of the available medical records reveal insufficient documentation to support the medical necessity of Dilaudid and

insufficient documentation addressing the '4 A's' domains, which is a recommended practice for the on-going management of opioids. Per progress report dated 5/14/14, pain reduction from 9/10 to 5-6/10 was achieved with medications. Functional improvement was noted in the form of allowing the injured worker to be more active including walking, taking care of the home, teaching, and volunteering. However, efforts to rule out aberrant behavior (e.g. CURES report, UDS, opiate agreement) are necessary to assure safe usage and establish medical necessity, and were not available in the documentation. Per the latest progress report dated 7/16/14, it was noted that her last urine drug screen was negative, however at that time, she stated that she was having difficulties getting her medications filled in a timely manner. She was asked if she was getting her medications regularly, to which she replied yes. Urine drug screen was to be repeated. Without regular UDS assuring safe medication usage, medical necessity cannot be affirmed. The request is not medically necessary and appropriate.

Dilaudid 8mg, qty 180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-75,93.

Decision rationale: Per MTUS Chronic Pain Medical Treatment Guidelines p78 regarding on-going management of opioids "Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: Pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug related behaviors. These domains have been summarized as the '4 As' (Analgesia, activities of daily living, adverse side effects, and any aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." Review of the available medical records reveal insufficient documentation to support the medical necessity of Dilaudid and insufficient documentation addressing the '4 A's' domains, which is a recommended practice for the on-going management of opioids. Per progress report dated 5/14/14, pain reduction from 9/10 to 5-6/10 was achieved with medications. Functional improvement was noted in the form of allowing the injured worker to be more active including walking, taking care of the home, teaching, and volunteering. However, efforts to rule out aberrant behavior (e.g. CURES report, UDS, opiate agreement) are necessary to assure safe usage and establish medical necessity, and were not available in the documentation. Per the latest progress report dated 7/16/14, it was noted that her last urine drug screen was negative, however at that time, she stated that she was having difficulties getting her medications filled in a timely manner. She was asked if she was getting her medications regularly, to which she replied yes. Urine drug screen was to be repeated. Without regular UDS assuring safe medication usage, medical necessity cannot be affirmed. The request is not medically necessary and appropriate.

Dilaudid 8mg, qty 180 (to be dispensed after 6/13/14): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Opioids

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-75,93.

Decision rationale: Per MTUS Chronic Pain Medical Treatment Guidelines p78 regarding ongoing management of opioids "Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: Pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug related behaviors. These domains have been summarized as the '4 As' (Analgesia, activities of daily living, adverse side effects, and any aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." Review of the available medical records reveal insufficient documentation to support the medical necessity of Dilaudid and insufficient documentation addressing the '4 A's' domains, which is a recommended practice for the on-going management of opioids. Per progress report dated 5/14/14, pain reduction from 9/10 to 5-6/10 was achieved with medications. Functional improvement was noted in the form of allowing the injured worker to be more active including walking, taking care of the home, teaching, and volunteering. However, efforts to rule out aberrant behavior (e.g. CURES report, UDS, opiate agreement) are necessary to assure safe usage and establish medical necessity, and were not available in the documentation. Per the latest progress report dated 7/16/14, it was noted that her last urine drug screen was negative, however at that time, she stated that she was having difficulties getting her medications filled in a timely manner. She was asked if she was getting her medications regularly, to which she replied yes. Urine drug screen was to be repeated. Without regular UDS assuring safe medication usage, medical necessity cannot be affirmed. The request is not medically necessary and appropriate.

Lamictal 200mg, qty 60 with 4 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy Drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs Page(s): 16-17,20.

Decision rationale: Per MTUS CPMTG p20 "Lamotrigine (Lamictal) has been proven to be moderately effective for treatment of trigeminal neuralgia, HIV, and central post-stroke pain; (Backonja, 2002) (Namaka, 2004) (Maizels, 2005) (ICSCI, 2005) (Dworkin, 2003) (Wiffen-Cochrane, 2007)." The injured worker does not have any of these conditions. The request is not medically necessary.

Topamax 25mg, qty 240: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy Drugs Page(s): 16,21.

Decision rationale: With regard to antiepilepsy drugs, the MTUS CPMTG states "Recommended for neuropathic pain (pain due to nerve damage). (Gilron, 2006) (Wolfe, 2004) (Washington, 2005) (ICSI, 2005) (Wiffen-Cochrane, 2005) (Attal, 2006) (Wiffen-Cochrane, 2007) (Gilron, 2007) (ICSI, 2007) (Finnerup, 2007) There is a lack of expert consensus on the treatment of neuropathic pain in general due to heterogeneous etiologies, symptoms, physical signs and mechanisms. Most randomized controlled trials (RCTs) for the use of this class of medication for neuropathic pain have been directed at postherpetic neuralgia and painful polyneuropathy (with diabetic polyneuropathy being the most common example). There are few RCTs directed at central pain and none for painful radiculopathy."Per MTUS CPMTG, "Topiramate (Topamax, no generic available) has been shown to have variable efficacy, with failure to demonstrate efficacy in neuropathic pain of "central" etiology. It is still considered for use for neuropathic pain when other anticonvulsants fail."The documentation submitted for review contain no evidence of failure of first line anticonvulsant such as gabapentin or pregabalin. As the MTUS guidelines consider it appropriate after failure of these medications, medical necessity cannot be affirmed. The request is not medically necessary and appropriate.