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| Case Number: | CM14-0097862 | | |
| Date Assigned: | 07/28/2014 | Date of Injury: | 07/28/1992 |
| Decision Date: | 09/10/2014 | UR Denial Date: | 06/06/2014 |
| Priority: | Standard | Application Received: | 06/26/2014 |

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, Pain Medicine and is licensed to practice in Florida. 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 55-year-old female who reported an injury on 07/28/1992 due to getting her hand caught in a machine. The diagnoses were crush injury to the left wrist, atypical complex regional pain syndrome, and long-term opioid use. Past treatments have been 2 ganglion blocks, physical therapy, spinal cord stimulator, psychological testing, and intermittent intravenous lidocaine infusions. Diagnostic studies were not reported. Surgical history was not reported. The injured worker had a physical examination on 07/17/2014; no complaints were reported. It was noted that without the medication, her pain was 10/10. With medication, it was stated as 5/10. It was also noted that the medication allowed her to be independent in activities of daily living. The injured worker was given a psychological test PHQ-9 with a score of 6/30, which indicated minimal depression and anxiety. Cervical flexion was to 50 degrees, extension was to 30 degrees, pain-free. Bilateral hand temperature was normal. It was reported that the injured worker had previously undergone physical therapy treatment and stated that exercise or prolonged exertion increased her pain. At this visit, it was recommended for the injured worker to have a consultation with an addictionologist and treatment through functional restoration management program was recommended. The injured worker stated openness to these therapies but was not optimistic about being able to continue functional ability without opiate or neuropathic treatment. Medications were Duragesic 400 mcg every 48 hours, Neurontin 1200 mg 3 times daily, and Dilaudid 4 mg 1 to 2 daily as needed. The rationale and request for authorization were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Duragesic Patches 400mg # 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duragesic (fentanyl), page 44, Ongoing Management, page 78, Opioid Dosing, page 86 Page(s): 44, 78, 86.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines indicate that Duragesic (fentanyl) is not recommended as a first line therapy. 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. There should be documentation of an objective improvement in function, an objective decrease in pain, and evidence that the patient is being monitored for aberrant drug behavior and side effects. The cumulative dosing of all opioid should not exceed 120 mg oral morphine equivalents per day. The injured worker's oral morphine equivalents per day exceed the recommended guidelines of 120 mg. Although the injured worker has reported pain relief and functional improvement from the medication, the provider did not indicate a frequency for the medication. Therefore, the request for Duragesic Patches 400mg # 60 is not medically necessary.

Neurontin 1200mg #360: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Specific Drug List, Gabapentin, page 16 Page(s): 16.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines indicate that gabapentin is shown to be effective for treatment of diabetic painful neuropathy and post-herpetic neuralgia and has been considered as a first line treatment for neuropathic pain. Although the injured worker has reported pain relief and functional improvement from the medication, the provider did not indicate a frequency for the medication. Therefore, the request for Neurontin 1200mg #360 is not medically necessary.

Hydromorphone 4mg # 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic Pain, page 60, Ongoing Management, page 78, Opioids, Dosing, page 86 Page(s): 60, 78, 86.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommends opiates for chronic pain. There should be documentation of an objective improvement in function, an objective decrease in pain, and evidence that the patient is being monitored for aberrant drug behavior and side effects. The cumulative dosing of all opiates should not exceed 120 mg oral morphine equivalents per day. The injured worker's oral morphine equivalents dosage exceeds the recommended 120 mg per day. The request does not indicate a frequency for the medication. Therefore, the request for Hydromorphone 4mg # 60 is not medically necessary.