

Case Number:	CM14-0193841		
Date Assigned:	12/01/2014	Date of Injury:	03/30/2007
Decision Date:	01/14/2015	UR Denial Date:	10/31/2014
Priority:	Standard	Application Received:	11/19/2014

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 Physical Medicine and Rehabilitation 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:

This 60 year-old patient sustained an injury on 3/30/2007. Request(s) under consideration include Gralise 600mg #90; 3 orally at dinner time Refills: 2, Fentanyl Patch 25 mcg/h #10; 1 topically every 72 hours, and Hydrocodone/APAP 10/325 mg #120; 1 orally every 4 hours PRN pain. Diagnoses include lumbar intervertebral disc displacement without myelopathy; and sacrum disorder. Conservative care has included medications, therapy, and modified activities/rest. Report of 8/14/14 from the provider noted the patient with chronic low back pain and lower extremity pain rated at 4-6/10; aching in buttocks radiating down left hamstrings with cramping in the left leg. Exam showed unchanged findings of left EHL and gastrocnemius weakness decreased to 3/5 bilaterally; decreased sensation over L4, L5 dermatomes. The patient had recent left SI injection in November 2013 without relief and continues on medications for treatment plan. The request(s) for Gralise 600mg #90; 3 orally at dinner time Refills: 2, Fentanyl Patch 25 mcg/h #10; 1 topically every 72 hours, and Hydrocodone/APAP 10/325 mg #120; 1 orally every 4 hours PRN pain were non-certified on 10/31/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gralise 600mg #90; 3 orally at dinner time Refills: 2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drugs/Gabapentin Page(s): 18-19.

Decision rationale: Although Gabapentin has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain; however, submitted reports have not adequately demonstrated the specific symptom relief or functional benefit from treatment already rendered and has actually noted lack of effectiveness and has been discontinued. Previous treatment with Gralise (Gabapentin) has not resulted in any functional benefit and medical necessity has not been established. The Gralise 600mg #90; 3 orally at dinner time Refills: 2 are not medically necessary and appropriate.

Fentanyl Patch 25 mcg/h #10; 1 topically every 72 hours: 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): 74-96.

Decision rationale: Fentanyl is an ultra-potent opioid, specifically cited as not recommended noting no research-based pharmacological or clinical reason to prescribe for trans-dermal fentanyl (Duragesic) for patients with CNMP (chronic non-malignant pain). Submitted reports have not demonstrated the indication for Fentanyl for this chronic, non-malignant injury of 2007 without functional improvement from treatment already rendered. Per the MTUS Guidelines cited, opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or change in work status. There is no evidence presented of random drug testing or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain. The Fentanyl Patch 25 mcg/h #10; 1 topically every 72 hours is not medically necessary and appropriate.

Hydrocodone/APAP 10/325 mg #120; 1 orally every 4 hours PRN pain: 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): 74-96.

Decision rationale: Per the MTUS Guidelines cited, opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or change in functional status. There is no evidence presented of random drug testing or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain for this chronic injury without acute flare, new injury, or progressive deterioration. The Hydrocodone/APAP 10/325 mg #120; 1 orally every 4 hours PRN pain is not medically necessary and appropriate.