

Case Number:	CM14-0194573		
Date Assigned:	12/02/2014	Date of Injury:	05/09/2006
Decision Date:	01/15/2015	UR Denial Date:	10/28/2014
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 & Rehabilitation, has a subspecialty in Interventional Spine 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:

The patient is a 62-year-old male with date of injury of 05/09/2006. The listed diagnoses from 10/14/2014 is low back pain. According to this report of the patient complains of neck and lower back pain. He rates his pain with medication 5/10 and without medication 9/10. The examination shows restricted range of motion in the cervical spine. Paravertebral muscles, spasm and tenderness was noted on both size of the cervical spine. Lumbar facet loading is positive bilaterally. Straight leg raise is positive on the left. Trigger point with radiating pain and twitch response on palpation at the lumbar paraspinal muscles. Movements are restricted due to pain in the right shoulder. Hawkins and Speed's test is positive. Tenderness was noted over the left piriformis. Cranial nerves are grossly normal. The documents include progress reports from 04/15/2014 to 10/14/2014. The 09/16/2014 progress report shows the same findings from 10/14/2014. The utilization review denied the request on 10/28/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription for zoloft 100mg #60 with 1 refill: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 44, 78, 107.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines antidepressants Page(s): 13-15.

Decision rationale: This patient presents with neck and low back pain. The treater is requesting 1 PRESCRIPTION FOR ZOLOFT 100 MG QUANTITY 60 WITH ONE REFILL (1 2X TIMES DAILY). The MTUS guidelines page 13 to 15 on antidepressants states, "Recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. Tricyclics are generally considered a first-line agents unless they are ineffective, poorly tolerated, or contraindicated.... Assessments of treatment efficacy should include not only pain outcomes, but also an evaluation of function, changes in use of other analgesic medication, sleep quality and duration and psychological assessment." The records show that the patient was prescribed Zoloft on 04/15/2014. The 07/22/2014 report notes, "Current regimen of medication optimize his function and activities of daily living. According to patient medications are working well." In this case the treater has noted medication efficacy and the MTUS guidelines supports the use of antidepressants as first-line treatment for neuropathic and non-neuropathic pain. The request is medically necessary.

1 Prescription for nucynta 75mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 44, 78, 107.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines criteria for use of opioid-on-going management Page(s): 78, 88-89.

Decision rationale: This patient presents with neck and low back pain. The treater is requesting 1 PRESCRIPTION FOR NUCYNTA 75 MG QUANTITY 90 (1 3X DAILY PRN). For chronic opiate use, the MTUS guidelines page 88 and 89 on criteria for use of opioids states, "pain should be assessed at each visit, and functioning should be measured at six-month intervals using a numerical scale or validated instrument." MTUS page 78 On-Going Management also require documentation of the 4A's including analgesia, ADLs, adverse side effects, and aberrant drug seeking behavior, as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medications to work, and duration of pain relief. The records show that the patient was prescribed Nucynta on 04/15/2014. The 10/14/2014 report notes that the patient's pain level without medication is 9/10 and with medication is 5/10. He is currently stable with his medication regimen. Function and activities of daily living has improved optimally due to his current dose of medications. A pain agreement was reviewed with the patient. The treater references a urine drug screen from 07/15/2011 shows positive results for Fentanyl and Gabapentin; however, it is unclear if the results were consistent with his current medication regimen. The treater does not discuss specifics regarding ADLs to show that the medication is providing functional improvement, no mention of quality of life changes, and no discussions regarding "pain assessments" as required by the MTUS guidelines. Given the lack of sufficient documentation demonstrating efficacy for chronic opiate use, the patient should now be slowly weaned as outlined in the MTUS guidelines. The request is not medically necessary.

1 Prescription for fentanyl 75mcg/hr #15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 44, 78, 107.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines criteria for use of opioidson-going management Page(s): 78, 88-89.

Decision rationale: This patient presents with neck and low back pain. The treater is requesting 1 PRESCRIPTION FOR FENTANYL 75 MCG PER HOUR QUANTITY 15 (ONE PATCH EVERY TWO DAYS). The MTUS page 44 on Duragesic (fentanyl transdermal system) states that it 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. MTUS page 47 also notes that fentanyl is an opioid analgesic with potency 80 times that of morphine. Furthermore, for chronic opiate use, the MTUS Guidelines requires specific documentations regarding pain and function. Page 70 of the MTUS requires "pain assessment" that requires "current pain, average pain, least reported pain over the periods since last assessment, the intensity of pain after taking the opioid, how long it takes for pain relief, and how long pain relief last." Furthermore, the 4 A's for ongoing monitoring are required, which includes analgesia, ADLs, adverse side effects, and aberrant drug-seeking behavior. The records show that the patient was prescribed Fentanyl from 2011. The 10/14/2014 report notes that the patient's pain level without medication is 9/10 and with medication is 5/10. He is currently stable with his medication regimen. Function and activities of daily living has improved optimally due to his current dose of medications. A pain agreement was reviewed with the patient. The urine drug screen from 07/15/2011 shows positive results for Fentanyl and Gabapentin. ; The treater does not discuss specifics regarding ADLs to show that the medication is providing functional improvement, no mention of quality of life changes, and no discussions regarding "pain assessments" as required by the MTUS guidelines. Given the lack of sufficient documentation demonstrating efficacy for chronic opiate use, the patient should now be slowly weaned as outlined in the MTUS guidelines. The request is not medically necessary.