

Case Number:	CM14-0199578		
Date Assigned:	12/10/2014	Date of Injury:	10/31/2007
Decision Date:	01/27/2015	UR Denial Date:	11/06/2014
Priority:	Standard	Application Received:	12/01/2014

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 Preventive Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Texas. 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 was injured at work on 10/31/2007. She is reported to be complaining of headaches, pain in her shoulders, elbows and hands. The pain is 7-8/10. The medications help her improve her functional activities, like participating in functional restoration program. However, the pain increased after the medications were denied. The physical examination revealed moderate tenderness in the C5-6, and C6-C7, positive cervical compression test, wrist edema, and decreased sensations over the hands. The worker has been diagnosed of cervical strain, cervical degenerative arthritis, myofascial pain, cervical radiculopathy, cervical stenosis, wrist strain, bilateral repetitive stress injury of the wrist, carpal tunnel syndrome s/p surgery, fracture left ulna status post ORIF, status post right rotator cuff repair. Treatments have included Functional Restoration program, Norco, Ultram, Fentanyl patch, Relafen, Tizanidine, and Gabapentin. At dispute are the requests for Fentanyl 12 MCG Patch Every 3 Days #10; Relafen 500 MG by Mouth Twice a Day #60 with 6 Refills; Gabapentin 300 MG by Mouth at Bedtime #30 with 6 Refills; Colace 100 MG by Mouth Twice a Day #60 with 6 Refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fentanyl 12mcg, patch every 3 days, #10: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77-81.

Decision rationale: The injured worker sustained a work related injury on 10/31/2007. The medical records provided indicate the diagnosis of cervical strain, cervical degenerative arthritis, myofascial pain, cervical radiculopathy, cervical stenosis, wrist strain, bilateral repetitive stress injury of the wrist, carpal tunnel syndrome s/p (status post) surgery, fracture left ulna status post ORIF (Open Reduction and Internal Fixation), status post right rotator cuff repair. Treatments have included Functional Restoration program, Norco, Ultram, Fentanyl patch, Relafen, Tizanidine, and Gabapentin. The medical records provided for review do not indicate a medical necessity for Fentanyl 12mcg patch every 3 Days, #10. The medical records indicate her use of opioids predates 05/2014. The MTUS recommends against the use of opioids beyond 70 day for chronic pain, and to discontinue opioid if there is no overall improvement in pain and function. Also, besides, the drug screen of 11/21/2014, there was no evidence of a prior screen, neither did the visit that precipitated this review provide evidence the injured worker was being monitored for analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors, as is recommended by the MTUS. Additionally, the records indicate there have been several recommendations to wean the injured worker of this medication. Therefore, the requested treatment is not medically necessary and appropriate.

Relafen 500mg, by mouth twice a day, #60 with 6 Refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-70.

Decision rationale: The injured worker sustained a work related injury on 10/31/2007. The medical records provided indicate the diagnosis of cervical strain, cervical degenerative arthritis, myofascial pain, cervical radiculopathy, cervical stenosis, wrist strain, bilateral repetitive stress injury of the wrist, carpal tunnel syndrome s/p surgery, fracture left ulna status post ORIF, status post right rotator cuff repair. Treatments have included Functional Restoration program, Norco, Ultram, Fentanyl patch, Relafen, Tizanidine, and Gabapentin. The medical records provided for review do not indicate a medical necessity for Relafen 500mg, by mouth twice a day, #60 with 6 Refills. The MTUS recommends the use of the lowest dose of the Nonsteroidal Anti-inflammatory drugs for the shortest period in patients with moderate to severe pain. Also, the MTUS states there is no evidence of long-term effectiveness for pain or function. Additionally, the MTUS recommends monitoring for renal function, Kidney function and CBC when an individual is on NSAIDs, the first test within 4 to 8 weeks after starting therapy, but there is no indication these are being monitored. Therefore, this medication is not medically necessary and appropriate as the injured worker's use of the medication predates 06/2014.

Gabapentin 300mg, by mouth at bedtime, #30 with 6 Refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 16-21.

Decision rationale: The injured worker sustained a work related injury on 10/31/2007. The medical records provided indicate the diagnosis of cervical strain, cervical degenerative arthritis, myofascial pain, cervical radiculopathy, cervical stenosis, wrist strain, bilateral repetitive stress injury of the wrist, carpal tunnel syndrome s/p surgery, fracture left ulna status post ORIF, status post right rotator cuff repair. Treatments have included Functional Restoration program, Norco, Ultram, Fentanyl patch, Relafen, Tizanidine, and Gabapentin. The medical records provided for review do not indicate a medical necessity for Gabapentin 300mg, by mouth at bedtime, #30 with 6 Refills. The MTUS recommends a 30% reduction in pain as a clinically important criterion for continuing the use of antiepileptic in the treatment of neuropathic pain. A response below that level is considered lack of response, and is trigger for (1) a switch to a different first-line agent (Antidepressants or antiepileptics), or (2) combination therapy if treatment with a single drug agent fails. After initiation of treatment there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use, as the continued use of antiepileptics depend on improved outcomes versus tolerability of adverse effects. Consequently, the requested treatment is not medically necessary and appropriate as there was no documented evidence of 30% or more benefit.

Colace 100mg, by mouth twice a day, #60 with 6 Refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77.

Decision rationale: The medical records provided indicate the diagnosis of cervical strain, cervical degenerative arthritis, myofascial pain, cervical radiculopathy, cervical stenosis, wrist strain, bilateral repetitive stress injury of the wrist, carpal tunnel syndrome s/p surgery, fracture left ulna status post ORIF, status post right rotator cuff repair. Treatments have included Functional Restoration program, Norco, Ultram, Fentanyl patch, Relafen, Tizanidine, and Gabapentin. The medical records provided for review do not indicate a medical necessity for Colace 100mg, by mouth twice a day, #60 with 6 Refills. The MTUS recommends prophylactic treatment of constipation in patient on opioids. However, since the request for the fentanyl patch has been determined not to be medically necessary, this request for Colace is not medically necessary and appropriate.