

Case Number:	CM14-0199589		
Date Assigned:	01/13/2015	Date of Injury:	11/09/2000
Decision Date:	03/10/2015	UR Denial Date:	11/25/2014
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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative Medicine

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 is a 70 year old Male who had industrial injury on 11/9/00 related to being struck by timber. He had obtained x-ray scans, MRI scans, physical therapy, EMG/NCV testing, surgery, and medications. Examination on 1/23/15 has a physician state the injured worker has obtained 50% reduction in pain with the use of the Fentanyl patches without side effects. The physician states the Fentanyl patch helps with mobility in allowing him to lift his leg higher so that he does not trip. The physician goes on to state that Fentanyl patch allows the injured worker to walk and stand for longer distances. The physician also goes on to state that the injured worker has failed Morphine, Norco, Opana, Buprenorphine, Tramadol, Lyrica, and has an allergy to Gabapentin. The Physician states the Urine Drug Screen on 10/29/14 was negative for Fentanyl due to the Injured worker not being able to obtain such medication. Furthermore, the physician states the injured worker does not display any aberrant behavior and thus fulfills the four A's. The physician goes on to state the injured worker would like to continue the topical formulation to minimize the intake of oral medications due to abdominal pain and nausea with his oral medications. The physician would like reconsideration for fentanyl 25mcg/hr patch quantity 5 for date of service 10/29/14. Examination on 12/24/14 has the injured worker complains of abdominal pain that is worse with eating, walking, is present at rest, and will follow up with his primary care doctor regarding this issue. On 11/25/14 a modification recommendation was made for the request of Fentanyl patch to allow for a quantity 5 for weaning purposes unless supported documentation is presented and a non certification was made for the Naproxen, Diclofenac topical, Ketamine topical, Orphenadrine and Pantoprazole and a certification was made for the

Prozac. The rationale for the denial for the medications was due to lack of significant functional improvement, no diminished pain levels documented on the medication. Also if the naproxen was not to be certified then the pantoprazole had no reason to be certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fentanyl 25mcg/hr patch SIG: Use one patch, change every 72 hours - pain qty: 10 per 10/29/14 exam date: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Fentanyl Transdermal Page(s): 93.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 20.

Decision rationale: Regarding the request for fentanyl, California Pain Medical Treatment Guidelines note that it is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is indication that the medication is improving the patient's function and pain with no side effects or aberrant use, and the patient is noted to undergo regular monitoring. The prior denial by the reviewing physician was because this documentation was not available, however the reviewing physician stated that if it was to be added then the injured worker could continue with the medication. In light of the above, the currently requested fentanyl is medically necessary.

Fentanyl 25 mcg/hr patch SIG: Use one patch, change every 72 hours pain qty: 10 10/1/14 exam date: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Fentanyl Transdermal Page(s): 93.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 44, 47, 75-79, 120.

Decision rationale: Regarding the request for fentanyl, California Pain Medical Treatment Guidelines note that it is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is indication that the medication is improving the patient's function and pain with no side effects or aberrant use, and the patient is noted to undergo regular monitoring. The prior denial by the reviewing physician was because this documentation was not available, however the reviewing physician stated that if it was to be added then the injured

worker could continue with the medication. In light of the above, the currently requested fentanyl is medically necessary.

Naproxen Sodium (Anaprox) 550mg #90 SIG: Take 1 twice daily #90 10/1/14 exam date:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 66 & 70-73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 67-72.

Decision rationale: Regarding the request for Naproxen, Chronic Pain Medical Treatment Guidelines state that NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Within the documentation available for review, there is no indication that Naproxen is providing any specific analgesic benefits (in terms of percent pain reduction, or reduction in numeric rating scale), or any objective functional improvement. In the absence of such documentation, the currently requested Naproxen is not medically necessary.

Diclofenac Sodium 1.5% 60 Gm SIG: apply to affected area 3 times a day qty: 2 10/1/14 exam date: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 70-73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 111-112.

Decision rationale: Regarding the request for topical Diclofenac, guidelines state that topical NSAIDs are recommended for short-term use. Oral NSAIDs contain significantly more guideline support, provided there are no contraindications to the use of oral NSAIDs. Within the documentation available for review, there's no indication that the patient has obtained any specific analgesic effect (in terms of percent reduction in pain, or reduced NRS) or specific objective functional improvement from the use of topical Diclofenac. In the absence of clarity regarding those issues, the currently requested topical Diclofenac is not medically necessary.

Ketamine 5% cream 60gr SIG: apply to affected area three times a day qty: 1 per 10/1/14 exam date: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 111-113.

Decision rationale: Regarding the request for topical ketamine, Chronic Pain Medical Treatment Guidelines state that ketamine is only recommended for treatment of neuropathic pain in refractory cases in which all primary and secondary treatment has been exhausted. Within the documentation available for review, the requesting physician has not identified that the patient has significant neuropathic pain complaints supported by physical examination findings. Additionally, the requesting physician has not failed all primary and secondary treatment options for neuropathic pain. Additionally, within the documentation available for review, there's no indication that the patient has obtained any specific analgesic effect (in terms of percent reduction in pain, or reduced NRS) or specific objective functional improvement from the use of topical ketamine. As such, topical ketamine is not medically necessary.

Pantoprazole (Protonix) 20mg #60 (ms) SIG: take 1 tablet 30 minutes prior to Naproxen qty: 60 per 10/1/14 exam date: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 68-69.

Decision rationale: Regarding the request for pantoprazole (Protonix), California MTUS states that proton pump inhibitors are appropriate for the treatment of dyspepsia secondary to NSAID therapy or for patients at risk for gastrointestinal events with NSAID use. Additionally, ODG recommends Nexium, Protonix, Dexilant, and AcipHex for use as 2nd line agents, after failure of omeprazole or lansoprazole. Within the documentation available for review, there is no indication that the patient has failed first-line agents prior to initiating treatment with pantoprazole (a 2nd line proton pump inhibitor). In the absence of clarity regarding those issues, the currently requested pantoprazole is not medically necessary.

Fentanyl 25 mcg/hr patch SIG: Use one patch, change every 72 hours- pain qty: 10 per 8/20/14 exam date: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Fentanyl Transdermal Page(s): 93.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 44, 47, 75-79, 120.

Decision rationale: Regarding the request for fentanyl, California Pain Medical Treatment Guidelines note that it is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is indication that the medication is improving the patient's function and pain with no side effects or aberrant use, and the patient is noted to undergo regular monitoring. The prior denial by the reviewing physician was because this documentation was not

available, however the reviewing physician stated that if it was to be added then the injured worker could continue with the medication. In light of the above, the currently requested fentanyl is medically necessary.

Naproxen Sodium (Anaprox) 550mg #90 SIG: Take 1 twice daily qty: 90 per 8/20/14 exam date: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 66 & 70-73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 67-72.

Decision rationale: Regarding the request for Naproxen, Chronic Pain Medical Treatment Guidelines state that NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Within the documentation available for review, there is no indication that Naproxen is providing any specific analgesic benefits (in terms of percent pain reduction, or reduction in numeric rating scale), or any objective functional improvement. In the absence of such documentation, the currently requested Naproxen is not medically necessary.

Diclofenac Sodium 1.5% 60 Gm SIG: Apply to affected area three times a day qty: 2 per 8/20/14 exam date: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 70-73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 111-112.

Decision rationale: Regarding the request for topical Diclofenac, guidelines state that topical NSAIDs are recommended for short-term use. Oral NSAIDs contain significantly more guideline support, provided there are no contraindications to the use of oral NSAIDs. Within the documentation available for review, there's no indication that the patient has obtained any specific analgesic effect (in terms of percent reduction in pain, or reduced NRS) or specific objective functional improvement from the use of topical Diclofenac. In the absence of clarity regarding those issues, the currently requested topical Diclofenac is not medically necessary.

Ketamine 5% cream 60gr SUG: apply to affected area three times a day qty: 1 per 8/20/14 exam date: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 111-113.

Decision rationale: Regarding the request for topical ketamine, Chronic Pain Medical Treatment Guidelines state that ketamine is only recommended for treatment of neuropathic pain in refractory cases in which all primary and secondary treatment has been exhausted. Within the documentation available for review, the requesting physician has not identified that the patient has significant neuropathic pain complaints supported by physical examination findings. Additionally, the requesting physician has not failed all primary and secondary treatment options for neuropathic pain. Additionally, within the documentation available for review, there's no indication that the patient has obtained any specific analgesic effect (in terms of percent reduction in pain, or reduced NRS) or specific objective functional improvement from the use of topical ketamine. As such, topical ketamine is not medically necessary.

Pantoprazole (Protonix) 20mg #60 (ms) SIG: take 1 tablet 30 minutes prior to Naproxen qty: 60 per 8/20/14 exam date: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 68-69.

Decision rationale: Regarding the request for pantoprazole (Protonix), California MTUS states that proton pump inhibitors are appropriate for the treatment of dyspepsia secondary to NSAID therapy or for patients at risk for gastrointestinal events with NSAID use. Additionally, ODG recommends Nexium, Protonix, Dexilant, and AcipHex for use as 2nd line agents, after failure of omeprazole or lansoprazole. Within the documentation available for review, there is no indication that the patient has failed first-line agents prior to initiating treatment with pantoprazole (a 2nd line proton pump inhibitor). In the absence of clarity regarding those issues, the currently requested pantoprazole is not medically necessary.

Orphenadrine (Norflex) ER 100mg #90 (ms) SIG take 1 tablet at bedtime, may take up to three times daily if tolerated; qty:90 per 8/20/14 exam date: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasmodics Page(s): 63-66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 63-66.

Decision rationale: Regarding the request for Orphenadrine (Norflex), Chronic Pain Medical Treatment Guidelines support the use of nonsedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Within the documentation available for review, there is no identification of a specific analgesic benefit or objective functional improvement as a result of the Orphenadrine. Additionally, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines. In the absence of such documentation, the currently requested Orphenadrine (Norflex) is not medically necessary.

