

Case Number:	CM14-0203322		
Date Assigned:	12/15/2014	Date of Injury:	02/04/2009
Decision Date:	01/31/2015	UR Denial Date:	12/02/2014
Priority:	Standard	Application Received:	12/04/2014

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 Emergency Medicine, 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:

Patient with reported date of injury on 2/4/2009. Mechanism of injury was not documented. Patient has a diagnosis of lumbago, thoracic/lumbar radiculitis, lumbosacral spondylosis and lumbar disc displacement. Patient is post L3-5 anterior-posterior fusion on 6/25/14. Also has history of lap-band surgery. Medical reports reviewed. Last report available until 11/18/14. Patient has ongoing physical therapy. Has continued foot drop. Patient complains that liquid oxycodone replaced the liquid hydrocodone and is not as effective. Patient claims to have worsening pain with liquid oxycodone. Patient has low back pain and R lower extremity pain. Some burning and tingling sensation. States has constipation. Pain improves from 9/10 to 6/10 with pain medications. Pt claims ability to stand and walk for "longer" periods with medications. Objective exam reveals patient in moderate discomfort. Well healed scars. Walks with a cane. Diffuse low back tenderness with minimal range of motion. Dorsiplantar flexion is 3/5. Patient uses Fentanyl patch every 48 hours instead of 72 hours since it does not provide enough relief. Omeprazole is for dyspepsia and history of lap-band surgery. Current medications include Laxacin, Fentanyl patch, hydrocodone, gabapentin, omeprazole, glycerine sup and amitriptyline. Patient has had prior lumbar injections and physical therapy. Independent Medical Review is for Hydrocodone/APAP 7.5mg/325mg/15ml once a day as needed #900ml, Glycerin 2.1mg suppository once a day as needed #30, Dendracin #120ml Fentanyl patch 12mcg/hr #15 and Omeprazole 20mg #60. Prior Utilization Review on 12/2/14 recommended non-certification. It approved prescription for gabapentin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydroc/APAP 7.5/325 mg/ml once a day as needed #900: 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): 76.

Decision rationale: This contains acetaminophen and hydrocodone, an opioid. As per MTUS Chronic pain guidelines, documentation requires appropriate documentation of analgesia, activity of daily living, adverse events and aberrant behavior. Provider has failed to document support for continued opioid therapy. Patient has been on opioids chronically with no objective documented improvement in pain or function with current medication regiment. Review of records show no change in pain regiment since surgery. There is no documentation as to why patient takes liquid formulation as opposed to tablets. All other medications are in tablet form. Liquid formulations has a higher risk of error in dosing or overdose. Liquid Hydrocodone/APAP prescription is not medically necessary.

Glycerine 2.1 mg 1 once a day as needed #30: Upheld

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

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

Decision rationale: Glycerine suppository is a medication used for constipation. As per MTUS Chronic pain guidelines, patient's on chronic opioid use should be placed on constipation prophylaxis. Patient is already on Laxacin and opioids requested were deemed not medically necessary. Glycerin suppositories are not medically necessary.

Dendracin Lotion #120 ml: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: Dendracin is a topical medication containing several compounds. it contains methyl-salicylate, capsaicin and menthol. As per MTUS guidelines "Any compound product that contains a drug or drug class that is no recommended is not recommended." 1) Methyl-Salicylate: Shown to be superior to placebo. It should not be used long term. There is no evidence of efficacy for spinal pain or osteoarthritis of spine. It may have some efficacy in knee and distal joint pain. Patient's pain is spinal and is not medically necessary. 2) Capsaicin: Data

shows efficacy in muscular skeletal pain and may be considered if conventional therapy is ineffective and a successful trial of capsaicin. Since patient's pain is poorly controlled with no noted improvement with capsaicin, it is not medically necessary. 3) Menthol: there is no information about menthol in the MTUS. The 2 main active ingredients are not medically recommended therefore Dendracin is not medically necessary.

Fentanyl Patch 12 mcg/hr every 48 hour #15: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-78. Decision based on Non-MTUS Citation http://www.accessdata.fda.gov/drugsatfda_docs/label/2008/019813s0331bl.pdf.

Decision rationale: Duragesic or fentanyl patch is a long acting transdermal opioid. As per MTUS Chronic pain guidelines, documentation requires appropriate documentation of analgesia, activity of daily living, adverse events and aberrant behavior. The documentation of abuse and side effects is appropriate. Continued use of fentanyl patch is not appropriate. The pain control documented is poor with no objective improvement in pain or function as defined by MTUS guidelines. As per FDA labeling due to high dosage of the medication in each patch and risks of overdose and side effects, fentanyl use requires close monitoring and proper documentation of opioid tolerance. Even with hydrocodone use, this patient may not be tolerant as defined by FDA labelling guidelines so the provider needs to clearly document this on the record and meet the criteria as per FDA labelling. The frequency of dosage is not appropriate and does not meet FDA labelling guidelines. Labelling recommends Q72 hours dosing. The current prescription and dosage of Fentanyl patch as prescribe is not appropriate and is therefore not medically necessary.

Omeprazole 20 mg twice a day #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines GI symptoms and cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk Page(s): 68-69.

Decision rationale: Omeprazole/Prilosec is a proton-pump inhibitor(PPI) which is used to treat gastritis/peptic ulcer disease, acid reflux or dyspepsia from NSAIDs. Patient is not on any NSAIDs. There has dyspepsia complaints. While patient has increased risk of GI bleed due to history of bariatric surgery, the lack use of NSAIDs do not meet any indication for recommendation. Prilosec/Omeprazole is not medically necessary.