

Case Number:	CM14-0205349		
Date Assigned:	12/17/2014	Date of Injury:	11/24/1999
Decision Date:	02/12/2015	UR Denial Date:	11/29/2014
Priority:	Standard	Application Received:	12/08/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 is a 45-year-old female with an 11/24/99 date of injury. According to a progress report dated 11/17/14, the patient remained symptomatic with neck pain and headaches. The patient's medication regimen consisted of Fentanyl 100mcg per hour Q72H, MSIR 15mg QID prn severe breakthrough pain, Norco 10/325mg TID for moderate-to-severe breakthrough pain, Gabapentin, Celebrex, and Lactulose. She currently rated her pain as a 5-6/10 with her current medication regime. Without medication, she stated her pain would be a 10+/10. She reported a 50% improvement in pain and function with her current medication regimen. She noted an improved ability to perform her activities of daily living. Without medications, the patient stated that she would virtually be confined to a bed or chair. An appeal note dated 11/18/14 stated that the Norco was to be gradually weaned off. Objective findings: bilateral paraspinal tenderness surrounding the cervical spine with muscle spasms and negative twitch response, diffuse myofascial tenderness from L1 to S1 without any palpable trigger bands, limited lumbar spine range of motion, hypesthesia in the left L5 dermatome. Diagnostic impression: neuropathic pain right upper extremity secondary to complex regional pain syndrome/reflex sympathetic dystrophy, status post multilevel lumbar interbody fusion on 8/12/13, low back pain, cervical spine sprain/strain, status post hemiarthroplasty right wrist, depressive disorder, severe episodic headaches. Treatment to date: medication management, activity modification, cervical block, surgery. A UR decision dated 11/29/14 modified the request for Fentanyl patch 100mcg from 10 patches to 7 patches and denied the request for Norco. Regarding Fentanyl, although there was reported pain and some functional improvement with opioid therapy, the functional improvement was not specifically quantified. Also, fentanyl 100mcg patch (240 MED) alone is twice the recommended limit of 120 MED. The patient was also noted to be concurrently using a benzodiazepine (Klonopin) and opioids act synergistically and increase the risk for overdose.

Regarding Norco, as previously discussed, opioid therapy is recommended for weaning. Norco was initially recommended for weaning in a review on 8/5/14 and should have been completely weaned at this time.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fentanyl patch 100 mcg, ten count: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duragesic Page(s): 45.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines 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, but is not recommended as a first-line therapy. However, in the present case, according to the patient's opioid medication regimen, the patient's daily MED is calculated to be 330. Guidelines do not support daily MED above 120 due to the risk of adverse effects, such as sedation. In addition, there is no documentation that this patient has failed first-line opioid medications or cannot tolerate oral medications. Furthermore, given the 1999 date of injury, the duration of opiate use to date is not clear. There is no discussion regarding non-opiate means of pain control, or endpoints of treatment. Therefore, the request for Fentanyl patch 100 mcg, ten count was not medically necessary.

Norco 10/325 mg, sixty count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Weaning of Medications and Norco Sections.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 78-81.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. However, in the present case, according to the patient's opioid medication regimen, the patient's daily MED is calculated to be 330. Guidelines do not support daily MED above 120 due to the risk of adverse effects, such as sedation. In addition, given the 1999 date of injury, the duration of opiate use to date is not clear. There is no discussion regarding non-opiate means of pain control, or endpoints of treatment. Furthermore, an appeal note dated 11/18/14 indicated that the provider intended to wean this patient off Norco. It is unclear why this request is being made at this time. Therefore, the request for Norco 10/325mg, sixty count was not medically necessary.

