

Case Number:	CM15-0138802		
Date Assigned:	07/28/2015	Date of Injury:	04/06/2002
Decision Date:	09/22/2015	UR Denial Date:	07/09/2015
Priority:	Standard	Application Received:	07/17/2015

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: Georgia

Certification(s)/Specialty: Anesthesiology, Pain Management

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 62 year old male who sustained an industrial injury on April 6, 2002. Mechanism of the injury is not documented. He reported a lower back injury and has been diagnosed with long term use of medications, degeneration lumbar disc, syndrome post laminectomy lumbar, sciatica, and generalized anxiety disorder. Treatment has included surgery, injections, physical therapy, and medications. Examination of the lumbar spine revealed tenderness to palpation of the lumbosacral junction. Range of motion of the lumbar spine was decreased by 30 % with flexion, 40 % with extension, and 30 % with rotation bilaterally. Sensation was decreased to light touch along the right lower extremity compared to the left lower extremity. Motor strength was decreased with right foot dorsiflexion compared to the left lower extremity 4/5. Straight leg raise was negative bilaterally. The treatment plan included medications. The treatment request included medications as well.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topical Fentanyl 100mcg/hr; one patch q48h; as listed in 6/22/2015 visit note Qty: 15:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duragesic (Fentanyl transdermal system).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 79.

Decision rationale: Topical Fentanyl 100mcg/hr; one patch q 48 hour; as listed in 6/22/2015 visit note #15 is not medically necessary. Per MTUS Page 79 of MTUS guidelines states that weaning of opioids are recommended if: (a) there are no overall improvement in function, unless there are extenuating circumstances. (b) continuing pain with evidence of intolerable adverse effects. (c) decrease in functioning. (d) resolution of pain. (e) if serious non-adherence is occurring. (f) the patient requests discontinuing. The claimant's medical records did not document that there was an overall improvement in function or a return to work with previous opioid therapy. The claimant has long-term use with this medication and there was a lack of improved function with this opioid; therefore, the requested medication is not medically necessary.

Narcotic Oxycodone Hcl 10mg; one to two tab q8h; as listed in 6/22/2015 visit note Qty: 180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug lists.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 79.

Decision rationale: Narcotic Oxycodone hcl 10 mg; one to two tab q 8h as listed in 6/22/2015 visit note #180 is not medically necessary. Per MTUS Page 79 of MTUS guidelines states that weaning of opioids are recommended if: (a) there are no overall improvement in function, unless there are extenuating circumstances. (b) continuing pain with evidence of intolerable adverse effects. (c) decrease in functioning. (d) resolution of pain. (e) if serious non-adherence is occurring. (f) the patient requests discontinuing. The claimant's medical records did not document that there was an overall improvement in function or a return to work with previous opioid therapy. The claimant has long-term use with this medication and there was a lack of improved function with this opioid; therefore the requested medication is not medically necessary.

Pantoprazole-Protonix 20mg; one tab bid; as listed in 6/22/2015 visit note Qty: 60: 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), Pain - Proton pump inhibitors.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID Page(s): 67.

Decision rationale: Pantoprazole-Protonix 20 mg; one tab bid; as listed in 6/22/2015 visit note #60 is not medically necessary. CA MTUS does not make a direct statement on proton pump

inhibitors (PPI) but in the section on NSAID use page 67. Long-term use of PPI, or misoprostol or Cox-2 selective agents have been shown to increase the risk of Hip fractures. CA MTUS does state that NSAIDs are not recommended for long-term use as well and if there possible GI effects of another line of agent should be used for example acetaminophen; therefore, the requested medication is not medically necessary.

Gabapentin 600mg; 1.5 tab q8h; as listed in 6/22/2015 visit note Qty: 180: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain – Anti-epilepsy drugs (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-convulsants Page(s): 17-19.

Decision rationale: Gabapentin 600mg 1.5 tab q 8 hours as listed in 6/22/2015 visit note # 180 is medically necessary. Ca MTUS 17-19 Recommended for neuropathic pain (pain due to nerve damage. There is a lack of expert consensus on the treatment of neuropathic pain in general due to heterogeneous etiologies, symptoms, physical signs and mechanisms. Most randomized controlled trials (RCTs) for the use of this class of medication for neuropathic pain have been directed at post-herpetic neuralgia and painful polyneuropathy (with diabetic polyneuropathy being the most common example). There are few RCTs directed at central pain and none for painful radiculopathy. (Attal, 2006) The choice of specific agents reviewed below will depend on the balance between effectiveness and adverse reactions. Additionally, Per MTUS One recommendation for an adequate trial with gabapentin is three to eight weeks for titration, then one to two weeks at maximum tolerated dosage. (Dworkin, 2003) The patient should be asked at each visit as to whether there has been a change in pain or function. Given that the guidelines recommend Gabapentin as first line therapy for neuropathic pain, this medication is medically necessary.

Orphenadrine-Norflex ER 100mg; one tab q8h; as listed in 6/22/2015 visit note Qty: 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Orphenadrine (Norflex, Banflex, Antiflex, Mio-Rel, Orphenate, generic available).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 72.

Decision rationale: Orphenadrine-Norflex ER 100mg; one tab q 8 hours; as listed in 6/22/2015 visit note #90 is not medically necessary for the client's chronic medical condition. The peer-reviewed medical literature does not support long-term use of muscle relaxants in chronic pain management. Additionally, Per CA MTUS muscle relaxants are recommended as an option, using a short course of therapy. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. (Browning, 2001) As per MTUS, the addition of muscle relaxants to other agents is not recommended. In regards to this claim, the muscle relaxant was

prescribed for long term use and in combination with other medications. The medication is therefore, not medically necessary.

Topical Fentanyl 25mcg/hr; one patch q48h; as listed in 6/22/2015 visit note Qty: 15:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duragesic (Fentanyl transdermal system).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Page(s): 79.

Decision rationale: Topical Fentanyl 25mcg/hr; one patch q 48 hour; as listed in 6/22/2015 visit note #15 is not medically necessary. Per MTUS Page 79 of MTUS guidelines states that weaning of opioids are recommended if: (a) there are no overall improvement in function, unless there are extenuating circumstances. (b) continuing pain with evidence of intolerable adverse effects. (c) decrease in functioning. (d) resolution of pain. (e) if serious non-adherence is occurring. (f) the patient requests discontinuing. The claimant's medical records did not document that there was an overall improvement in function or a return to work with previous opioid therapy. The claimant has long-term use with this medication and there was a lack of improved function with this opioid; therefore the requested medication is not medically necessary.