MAXIMUS Federal Services

Case Number:	CM15-0139302		
Date Assigned:	07/29/2015	Date of Injury:	09/01/2010
Decision Date:	08/31/2015	UR Denial Date:	06/19/2015
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: California
Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 47 year old male, who sustained an industrial injury on September 1, 2010, incurring low back injuries after heavy lifting. A lumbar Magnetic Resonance Imaging revealed a large lumbar disc protrusion. He was diagnosed with lumbar disc disease, lumbar sprain, and lumbar radiculitis. He underwent a surgical lumbar decompression. Treatment included pain medications, neuropathic medications and topical analgesic patches. Currently, the injured worker complained of ongoing low back pain. He was noted to have limited range of motion, walked with a limp and used crutches for mobility. He had diffuse weakness of the lower extremities and decreased sensation below his knees. The treatment plan that was requested for authorization included prescriptions for Norco, Neurontin and Fentanyl patches.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg 1/2 tablets every 4-6 hours quantity 180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-82.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain CRITERIA FOR USE OF OPIOIDS Page(s): 60,61, 76-78, 88,89.

Decision rationale: The patient was injured on 09/01/10 and presents with moderate-to-severe low back pain. The request is for NORCO 10/325 MG TABLETS EVERY 4-6 HOURS QUANTITY 180 for severe pain. The RFA is dated 06/10/15 and the patient will return to modified work duties as of 06/10/15 with the restrictions of sedentary work only and change position as needed for comfort. The patient has been taking this medication as early as 01/21/15. MTUS Guidelines pages 88 and 89 under Criteria For Use of Opioids (Long-Term Users of Opioids): "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 under Criteria For Use of Opioids Therapeutic Trial of Opioids, also requires documentation of the 4As analgesia, ADLs, adverse side effects, and adverse behavior, as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS Guidelines, under Opioids For Chronic Pain, pages 80 and 81 state the following regarding chronic low back pain: Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited. Long-term use of opiates may be indicated for nociceptive pain as it is Recommended as the standard of care for treatment of moderate or severe nociceptive pain (defined as pain that is presumed to be maintained by continual injury with the most common example being pain secondary to cancer). However, this patient does not present with pain that is "presumed to be maintained by continual injury." The patient is diagnosed with lumbar disc extrusion, lumbar strain, lumbar radiculitis, s/p lumbar spine surgery, insomnia, anxiety/stress, sexual insufficiency, and possible side effect to medication. The 01/21/15 and 02/18/15 reports state that the patient rates his pain as an 8/10. He states that medication helps lower pain to 5, on 0-10 scale. On 03/18/15, he rated his pain as an 8/10 without medications and a 6-7/10 with medications. The 05/13/15 report states that the patient rates his pain as an 8-9/10. The patient is currently taking medication, but states he feels minimal improvement with medication. The patient had a urine drug screen on 01/21/15; however, the results of this UDS are not clear. Although there are before and after medication pain scales provided, not all of the 4 As are addressed as required by MTUS Guidelines. There are no examples of ADLs which demonstrate medication efficacy from Norco, nor are there any discussions provided on adverse behavior/side effects of Norco. No validated instruments are used either. There are no pain management issues discussed such as CURES report, pain contract, et cetera. No outcome measures are provided as required by MTUS Guidelines. The treating physician does not provide proper documentation that is required by MTUS Guidelines for continued opiate use. Therefore, the requested Norco IS NOT medically necessary.

Neurontin 300mg every 8 hours quantity 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti Epilepsy Drugs Page(s): 17.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Page(s): 18-19.

Decision rationale: The patient was injured on 09/01/10 and presents with moderate-to-severe low back pain. The request is for NEURONTIN 300 MG EVERY 8 HOURS QUANTITY 90 for neuropathic pain. The RFA is dated 06/10/15 and the patient will return to modified work duties as of 06/10/15 with the restrictions of sedentary work only and change position as needed for comfort. The patient has been taking this medication as early as 05/20/15. MTUS Chronic Pain Medical Treatment Guidelines pages 18 and 19 revealed the following regarding gabapentin, "Gabapentin has been shown to be effective for treatment of diabetic painful neuropathy and post therapeutic neuralgia and has been considered a first-line treatment for neuropathic pain." MTUS page 60 also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. The patient is diagnosed with lumbar disc extrusion, lumbar strain, lumbar radiculitis, s/p lumbar spine surgery, insomnia, anxiety/stress, sexual insufficiency, and possible side effect to medication. He has pain at the L4-L5 on deep palpation, has a limited range of motion of the lumbar spine, has a positive straight leg raise bilaterally at 25 degrees, has weakness of the lower extremities, and has decreased sensation below both knee areas. MTUS page 60 requires recording of pain assessment and functional changes when medications are used for chronic pain. None of the reports provided discuss how Neurontin has impacted the patient's pain and function. Due to lack of documentation, the requested Neurontin IS NOT medically necessary.

Fentanyl 100mcg patch every 72 hours quantity 10: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duragesic Page(s): 43.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Fentanyl Transdermal Medications for chronic pain CRITERIA FOR USE OF OPIOIDS Page(s): 93, 60, 61, 76-78, 88, 89.

Decision rationale: The patient was injured on 09/01/10 and presents with moderate-to-severe low back pain. The request is for FENTANYL 100 MCG PATCH EVERY 72 HOURS QUANTITY 10. The RFA is dated 06/10/15 and the patient will return to modified work duties as of 06/10/15 with the restrictions of sedentary work only and change position as needed for comfort. The patient has been using these patches as early as 04/15/15. MTUS page 93 regarding fentanyl transdermal states, indicated for management of persistent chronic pain, which is moderate to severe requiring continuous, around the clock opiate therapy. The pain cannot be managed by other means (e.g., NSAIDs). MTUS Guidelines pages 88 and 89 under Criteria For Use of Opioids (Long-Term Users of Opioids): "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 under Criteria For Use of Opioids Therapeutic Trial of Opioids, also requires documentation of the 4As analgesia, ADLs, adverse side effects, and adverse behavior, as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. The 04/15/15 report states that the patient rates his pain as a 5/10 with the help of two patches. The 05/13/15 report states that the patient rates his pain as an 8-9/10. The patient is currently taking medication, but states he feels minimal improvement with medication. The patient had a urine drug screen on 01/21/15; however, the results of this UDS are not clear.

Although there are pain scales provided, not all of the 4 As are addressed as required by MTUS Guidelines. There are no examples of ADLs which demonstrate medication efficacy, nor are there any discussions provided on adverse behavior/side effects. No validated instruments are used either. There are no pain management issues discussed such as CURES report, pain contract, et cetera. No outcome measures are provided as required by MTUS Guidelines. The treating physician does not provide proper documentation that is required by MTUS Guidelines for continued opiate use. Therefore, the requested Fentanyl patch IS NOT medically necessary.