

Case Number:	CM15-0161344		
Date Assigned:	08/27/2015	Date of Injury:	09/15/2001
Decision Date:	10/21/2015	UR Denial Date:	08/04/2015
Priority:	Standard	Application Received:	08/17/2015

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: New York, California
 Certification(s)/Specialty: Emergency 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:

The 60 year old female injured worker suffered an industrial injury on 9-15-2001. The diagnoses included lumbar fusion, chronic pain syndrome, reflex sympathetic dystrophy of the left knee and major depression. The treatment included trigger point injections, aquatic therapy, acupuncture, cognitive therapy and medication. The diagnostics included lumbar magnetic resonance imaging. On 7-24-2015 the treating provider reported chronic low back, neck and bilateral knee pain. She reported she was attempting to reduce the Norco use with acupuncture treatment. She reported abdominal pain and nausea. She was using Naproxen. It was not clear if the injured worker had returned to work. The urine drug screen did not indicate Fentanyl while the injured worker had a patch on during the current visit. The requested treatments included Lyrica, Voltaren 1% Gel, Duragesic 50mcg/hr patch, Pantoprazole, and Hydrocodone.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lyrica 150mg Q12H #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs).

Decision rationale: The MTUS Chronic pain Medical Treatment Guidelines recommend antiepileptic drugs (AED) for neuropathic pain (pain due to nerve damage) for post herpetic neuralgia, spinal cord injury and painful poly neuropathy. There was no evidence of efficacy for radiculopathy. The medical record referred to reflex sympathetic dystrophy, which is also known as chronic regional pain syndrome. The documentation provided did indicate Lyrica for chronic regional pain syndrome as a trial but improvement would need to be documented for continued use. The medical record did not indicate there was evidence of medication efficacy along with functional improvement with its use. Therefore, Lyrica is not medically necessary.

Voltaren 1% Gel 2-4gm TID #1 (large tube): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines for topical analgesics, non-steroidal anti-inflammatory drugs (NSAID) recommended Voltaren gel for relief of osteoarthritis pain in joints that lend themselves for treatment of the spine, hip or shoulder. The documentation provided did not include evidence of medication efficacy or functional improvement with its use. There was no diagnosis of osteoarthritis. Therefore, Voltaren gel is not medically necessary.

Duragesic 50mcg/hr patch apply Q72H #10: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain, Opioids, dosing, Opioids, specific drug list.

Decision rationale: MTUS discourages long term usage unless there is evidence of "ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." The documentation needs to contain assessments of analgesia, activities of daily living, adverse effects and aberrant drug taking behavior. "Functional improvement" is evidenced by a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management and a reduction in the dependency on continued medical treatment. The documentation provided included no evidence of a comprehensive pain assessment and evaluation with medication efficacy, no complete risk assessment for aberrant drug use with consistent urine screens and no evidence of functional improvement. Therefore, Duragesic Patch is not medically necessary.

Pantoprazole 20mg BID #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines recommend with precautions the use of Proton Pump Inhibitor medications (PPI) for treatment of gastrointestinal symptoms related to the use of non-steroidal anti-inflammatory drug (NSAID). The documentation provided indicated the injured worker had been using Naproxen. The review of systems indicated there was nausea and abdominal pain. However the gastric symptoms were not noted to be caused by Naproxen or that the Pantoprazole use was effective. Therefore, Pantoprazole is not medically necessary.

Hydrocodone /APAP 10/325mg Q8-12H PRN #70: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain, Opioids, specific drug list.

Decision rationale: MTUS discourages long term usage unless there is evidence of "ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." The documentation needs to contain assessments of analgesia, activities of daily living, adverse effects and aberrant drug taking behavior. "Functional improvement" is evidenced by a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management and a reduction in the dependency on continued medical treatment. The documentation provided included no evidence of a comprehensive pain assessment and evaluation with medication efficacy, no complete risk assessment for aberrant drug use with consistent urine screens and no evidence of functional improvement. Therefore Hydrocodone / APAP is not medically necessary.