

Case Number:	CM15-0181205		
Date Assigned:	09/22/2015	Date of Injury:	05/28/2012
Decision Date:	12/04/2015	UR Denial Date:	08/27/2015
Priority:	Standard	Application Received:	09/15/2015

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

Certification(s)/Specialty: Pediatrics, Internal 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 injured worker is a 74 year old male who sustained an industrial injury on 05-28-2012. A review of the medical records indicates that the injured worker is undergoing treatment for rib fractures (multiple), back compression fracture, right shoulder fracture, and right rotator cuff tear. According to the progress note dated 08-14-2015, the injured worker presented for follow up visit for back pain. The injured worker reported increased pain since medications were decreased by 50%. The injured worker reported being weak while performing chores. Omeprazole was noted to control his abdominal pain from taking pain medications. Pain level was 4 out of 10 on a visual analog scale (VAS). The least pain was rated a 4 out of 10, average 5 out of 10 and worst 8 out of 10. Pain relieved by distraction, modification and rest. Side effects are drowsiness, sweating, loss of appetite, difficulty thinking. Physical examination performed on 08-14-2015 revealed pain and tenderness of low back, right and left sides of neck, increased stiffness in lumbar spine with tenderness and pain. Treatment to date has included diagnostic studies, prescribed medications, and periodic follow up visits. The treating physician reported that the urine drug testing from 6-20-2015 was appropriate and the Cures test from 6-15-2015 was appropriate. The treatment plan included medication management. Medical records indicated that the injured worker has been on Norco since at least 1-27-2015. Request for authorization dated 08-14-2015, included requests for Fentanyl patch 50 mcg #10, Gralise 300 mg 1+1+2+3 #210, Opana ER 15 mg #60 and Norco 10-325 mg #120. The utilization review dated 08-27-2015, modified the request for Opana ER 15 mg #45 (original :60) and Norco 10-325 mg #90 (original #120) for weaning purposes and noncertified the request for Fentanyl patch 50 mcg #10, Gralise 300 mg 1+1+2+3 #210.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fentanyl patch 50 mcg #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, specific drug list. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain - Duragesic® (fentanyl transdermal system).

Decision rationale: Per MTUS guidelines, fentanyl transdermal (Duragesic; generic available) is indicated for management of persistent chronic pain, which is moderate to severe requiring continuous, around-the-clock opioid therapy. The pain cannot be managed by other means (e.g., NSAIDs). Note: Duragesic should only be used in patients who are currently on opioid therapy for which tolerance has developed. Per ODG guidelines Duragesic patches are not recommended as a first-line therapy. Duragesic is the trade name of a fentanyl transdermal therapeutic system, which releases fentanyl, a potent opioid, slowly through the skin. The FDA-approved product labeling 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. Due to the significant side effects, not for use in routine musculoskeletal pain. The rationale for switching to Duragesic was as a replacement for opioids that were being decreased/weaned after case review. This does not meet guidelines for prescribing the medication. The request is not medically necessary and appropriate.

Gralise 300 mg 1+1+2+3 #210: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain - Gralise (gabapentin enacarbil ER).

Decision rationale: Per ODG guidelines, gralise is not recommended. There is no evidence to support use of Gralise for neuropathic pain conditions or fibromyalgia without a trial of generic gabapentin regular release. The office notes showed that the IW was taking regular gabapentin 300mg TID and there was no indication that this was ineffective for control of the IW's pain. The request is not medically necessary and appropriate.

Opana ER 15 mg #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): Opioids, specific drug list. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain - Oxymorphone (Opana®).

Decision rationale: Per MTUS guidelines, Opana ER is not intended for prn use. Per ODG guidelines, Opana is not recommended. Oxymorphone is recommended as second line therapy for long acting opioids. Oxymorphone products do not appear to have any clear benefit over other agents and have disadvantages related to dose timing (taking the IR formulation with food can lead to overdose), and potential for serious adverse events (when the ER formulation is combined with alcohol use a potentially fatal overdose may result). Documentation did not include review and documentation of pain relief, 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. This request is not medically necessary and reasonable.

Norco 10/325 mg #120: 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.

Decision rationale: The IW has been on long term opioids which are not recommended. Additionally, documentation did not include 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. This request is not medically necessary and reasonable.