

Case Number:	CM15-0184027		
Date Assigned:	09/30/2015	Date of Injury:	04/26/1990
Decision Date:	11/13/2015	UR Denial Date:	09/03/2015
Priority:	Standard	Application Received:	09/18/2015

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 55 year old male who sustained an industrial injury on April 26, 1990. A recent encounter dated August 20, 2015 reported subjective complaint of "back pain rated a 7 in intensity that occurs all day long." The "pain is in the lower back and radiates into his leg." He states that "he feels this deep down inside." The pain is described as "shooting, aching pain." The assessment noted the following: lumbago, persistent disorder malfunctioning sleep, and major depression disorder recurrent episode moderate. He was diagnosed with lumbar back pain. The plan of care noted refilling his pain pills. Medication list consisted of Doxepin, Venlafaxine ER, and Gabapentin, Oxycodone, and Duragesic patches 100mcg. Follow up dated April 10, 2014 reported medications consisted of: Bupropion SR, Effexor XR, and Oxycodone, Fentanyl patches 100mcg, Gabapentin, and Testosterone injections. There is noted subjective complaint of "his back pain is about the same." Follow up dated November 26, 2013 reported subjective complaint of "he continues to have his back pain." He wonders why insurance is not paying for the Fentanyl patches any longer. Current medication regimen consisted of: Bupropion, Effexor, and Oxycodone, Fentanyl patches, Gabapentin, Doxepin, and Testosterone injections. On August 27, 2015 a request was made for the following medications: Oxycodone 15 mg #180, Fentanyl patches 100mcg #10, and Gabapentin 300mg #60 all of which were denied by Utilization Review on September 03, 2015. Of note, all three received a one-month supply for weaning purposes.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone 15 MG #180: 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): Medications for chronic pain, Opioids, criteria for use, Opioids for chronic pain.

Decision rationale: The patient presents with back pain that radiates into his leg rated 7/10. The request is for Oxycodone 15 mg #180. The request for authorization is not provided. Physical examination reveals the patient appears very uncomfortable from his pain. It affects his ambulation and when he sits, he is constantly shifting his weight. Patient's medications include Doxepin, Venlafaxine, Gabapentin, Oxycodone, and Duragesic Patch. The patient's work status is not provided. MTUS, Criteria for use of Opioids Section, pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS, Criteria for use of Opioids Section, page 78 also requires documentation of the 4 A's (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, Criteria for use of Opioids Section, p77, states that "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS, Medications for chronic pain Section, page 60 states that "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity." MTUS, Opioids for chronic pain Section, pages 80 and 81 states "There are virtually no studies of opioids for treatment of chronic lumbar root pain with resultant radiculopathy," and for chronic back pain, it "Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited." Treater does not specifically discuss this medication. Patient has been prescribed Oxycodone since at least 10/15/12. MTUS requires appropriate discussion of the 4 A's, however, in addressing the 4 A's, treater does not discuss how Oxycodone significantly improves patient's activities of daily living with specific examples of ADL's. Analgesia is not discussed, specifically showing pain reduction with use of Oxycodone. No validated instrument is used to show functional improvement. There is no discussion or documentation regarding adverse effects and aberrant drug behavior. No UDS, CURES or opioid contract. Furthermore, 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." Therefore, the request is not medically necessary.

Fentanyl Patch 100 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): Medications for chronic pain, Opioids, criteria for use, Opioids for chronic pain.

Decision rationale: The patient presents with back pain that radiates into his leg rated 7/10. The request is for Fentanyl patch 100 mcg #10. The request for authorization is not provided. Physical examination reveals the patient appears very uncomfortable from his pain. It affects his ambulation and when he sits he is constantly shifting his weight. Patient's medications include Doxepin, Venlafaxine, Gabapentin, Oxycodone, and Duragesic Patch. The patient's work status is not provided. MTUS, Criteria for use of Opioids Section, pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS, Criteria for use of Opioids Section, page 78 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, Criteria for use of Opioids Section, p77, states that "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS, Medications for chronic pain Section, page 60 states that "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity." MTUS, Opioids for chronic pain Section, pages 80 and 81 states "There are virtually no studies of opioids for treatment of chronic lumbar root pain with resultant radiculopathy," and for chronic back pain, it "Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited." Treater does not specifically discuss this medication. Patient has been prescribed Fentanyl Patch since at least 10/15/12. MTUS requires appropriate discussion of the 4 A's, however, in addressing the 4 A's, treater does not discuss how Fentanyl Patch significantly improves patient's activities of daily living with specific examples of ADL's. Analgesia is not discussed, specifically showing pain reduction with use of Fentanyl Patch. No validated instrument is used to show functional improvement. There is no discussion or documentation regarding adverse effects and aberrant drug behavior. No UDS, CURES or opioid contract. Furthermore, 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." Therefore, the request is not medically necessary.

Gabapentin 300 MG #60 (8/26/15): 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 patient presents with back pain that radiates into his leg rated 7/10. The request is for Gabapentin 300 mg #60 (8/26/15). The request for authorization is not provided. Physical examination reveals the patient appears very uncomfortable from his pain. It affects his ambulation and when he sits, he is constantly shifting his weight. Patient's medications include Doxepin, Venlafaxine, Gabapentin, Oxycodone, and Duragesic Patch. The patient's work status is not provided. MTUS Guidelines, Gabapentin section on pg 18, 19 states, "Gabapentin (Neurontin, Gabarone, generic available) has been shown to be effective for treatment of diabetic painful neuropathy and post herpetic neuralgia and has been considered as a first-line treatment for neuropathic pain." Treater does not specifically discuss this medication. Patient has been prescribed Gabapentin at least since 10/15/12, and continues with back pain. For medication use in chronic pain, MTUS page 60 requires documentation of pain assessment and function as related to medication use. In this case, treater has not documented medication efficacy with use of Gabapentin, nor impact of this medication on patient's pain and function. Therefore, the request is not medically necessary.