

Case Number:	CM15-0191776		
Date Assigned:	10/05/2015	Date of Injury:	02/12/2002
Decision Date:	11/16/2015	UR Denial Date:	09/25/2015
Priority:	Standard	Application Received:	09/29/2015

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, District of Columbia, Maryland
 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:

This is a 53 year old male who sustained a work-related injury on 2-12-02. Medical record documentation on 9-15-15 revealed the injured worker reported mid back pain, low back pain, and radicular pain. He reported that the pain had increased since his previous visit. He rates his pain a 9 on a 10-point scale (8 on 8-17-15) due to his reduction in Fentanyl and is with the use of his Percocet. Objective findings included tenderness to palpation over his right greater than left thoracic back, lumbar paraspinal muscles. He had pain in the right lower extremity with straight leg raise. He had a right side antalgic gait and used a single pronged cane for assistance. Diagnoses included chronic low back pain status post lumbar fusion on 9-29-08, failed back surgery syndrome, lumbar radiculopathy, and myofascial pain. His medications included Percocet (since at least 3-23-15), Zofran, and Duragesic Patches (since at least 3-23-15). He failed treatment with OxyContin, TENS unit, acupuncture, physical therapy, pain psychology and chiropractic therapy. A request for Duragesic patches 25 mcg #15, Percocet 10-325 mg #90 and Zofran 4 mg #60 was received on 9-18-15. On 9-25-15, the Utilization Review physician determined Duragesic patches 25 mcg #15 be modified to #10, Percocet 10-325 mg #90 be modified to #60 and determined Zofran 4 mg #60 was not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Duragesic patches 25mcg #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): Duragesic (fentanyl transdermal system), Opioids, criteria for use.

Decision rationale: Per MTUS CPMTG with regard to Duragesic: "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. It is manufactured by [REDACTED] and marketed by [REDACTED] (both subsidiaries of [REDACTED]). 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." MTUS p93 notes that Duragesic should only be used in patients who are currently on opioid therapy for which tolerance has developed. Per MTUS Chronic Pain Medical Treatment Guidelines p78 regarding on-going management of opioids "Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: Pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug related behaviors. These domains have been summarized as the 4 A's (Analgesia, activities of daily living, adverse side effects, and any aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." Review of the available medical records reveals no documentation to support the medical necessity of Duragesic nor any documentation addressing the '4 A's' domains, which is a recommended practice for the on-going management of opioids. Specifically, the notes do not appropriately review and document pain relief, functional status improvement, or side effects. The MTUS considers this list of criteria for initiation and continuation of opioids in the context of efficacy required to substantiate medical necessity, and they do not appear to have been addressed by the treating physician in the documentation available for review. Per progress note dated 7/24/15 it was noted that the injured worker had recently undergone a spinal cord stimulator trial placement and had approximately 70-90% pain relief. There was no documentation regarding the efficacy of medications. Efforts to rule out aberrant behavior (e.g. CURES report, UDS, opiate agreement) are necessary to assure safe usage and establish medical necessity. UDS dated 5/22/15 was positive for fentanyl and oxycodone which was consistent with prescribed medications. As MTUS recommends to discontinue opioids if there is no overall improvement in function, medical necessity cannot be affirmed. The request is not medically necessary.

Percocet 10/325mg #90: 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: Per MTUS Chronic Pain Medical Treatment Guidelines p78 regarding on-going management of opioids "Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: Pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug related behaviors. These domains have been summarized as the 4 A's (Analgesia, activities of daily living, adverse side effects, and any aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." Review of the available medical records reveals no documentation to support the medical necessity of percocet nor any documentation addressing the '4 A's' domains, which is a recommended practice for the on-going management of opioids. Specifically, the notes do not appropriately review and document pain relief, functional status improvement, or side effects. The MTUS considers this list of criteria for initiation and continuation of opioids in the context of efficacy required to substantiate medical necessity, and they do not appear to have been addressed by the treating physician in the documentation available for review. Per progress note dated 7/24/15 it was noted that the injured worker had recently undergone a spinal cord stimulator trial placement and had approximately 70-90% pain relief. There was no documentation regarding the efficacy of medications. Efforts to rule out aberrant behavior (e.g. CURES report, UDS, opiate agreement) are necessary to assure safe usage and establish medical necessity. UDS dated 5/22/15 was positive for fentanyl and oxycodone which was consistent with prescribed medications. As MTUS recommends to discontinue opioids if there is no overall improvement in function, medical necessity cannot be affirmed. The request is not medically necessary.

Zofran 4mg #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 - Antiemetics (for Opioid nausea) and Ondansetron (Zofran).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Antiemetics.

Decision rationale: The MTUS is silent on the use of ondansetron. With regard to antiemetics, the ODG states "Not recommended for nausea and vomiting secondary to chronic opioid use. Recommended for acute use as noted below per FDA-approved indications." Specifically, "Ondansetron (Zofran): This drug is a serotonin 5-HT₃ receptor antagonist. It is FDA-approved for nausea and vomiting secondary to chemotherapy and radiation treatment. It is also FDA-approved for postoperative use. Acute use is FDA-approved for gastroenteritis." As the injured worker is not postoperative or experiencing nausea and vomiting secondary to chemotherapy and radiation treatment, or gastroenteritis, ondansetron is not recommended. There was no documentation suggesting the ongoing necessity of the medication or its efficacy. The request is not medically necessary.