

Case Number:	CM15-0196083		
Date Assigned:	10/09/2015	Date of Injury:	12/27/1992
Decision Date:	12/16/2015	UR Denial Date:	09/08/2015
Priority:	Standard	Application Received:	10/06/2015

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: Arizona, Michigan

Certification(s)/Specialty: Preventive Medicine, Occupational 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 68 year old female, who sustained an industrial injury on 12-27-1992. The injured worker is undergoing treatment for: lumbar radiculitis, sacroiliitis, myofascial pain, insomnia. On 7-15-15, she reported low back pain with left leg pain rated 5 out of 10. She indicated a recent experience of needle like pain after pushing a shopping cart. She also reported she was planning on having an umbilical hernia repair in September or October. Physical findings revealed her blood pressure was 158 over 62, pulse 97, weight 156, spasm noted in the low back and an antalgic gait. On 8-13-2015, she reported low back pain rated 6 out of 10 with stabbing pain in the left leg. She indicated medications were helping. Objective findings are revealed as antalgic gait and dysesthesia in left leg. The records do not discuss pain reduction, aberrant behaviors, adverse side effects or her current functional status. The treatment and diagnostic testing to date has included: medications, urine drug screen (6-5-14), QME (9-10-09), magnetic resonance imaging of the lumbar spine (2-17-93). Medications have included: Norco, cyclobenzaprine, gabapentin, methadone, fentanyl patches. The records indicate she has been utilizing Cyclobenzaprine, Methadone, Fentanyl patches, Gabapentin, and Hydrocodone-APAP since at least 2012, possibly longer. Current work status: modified. The request for authorization is for: Fentanyl patch 50mcg quantity 10, Methadone 5mg quantity 90, Norco 10-325mg quantity 120, Gabapentin 300mg quantity 240, and Cyclobenzaprine 10mg quantity 60. The UR dated 9-8-2015: non-certified the requests for Fentanyl patch 50mcg quantity 10, Methadone 5mg quantity 90, Norco 10-325mg quantity 120, Gabapentin 300mg quantity 240, and Cyclobenzaprine 10mg quantity 60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fentanyl Patch 50mcg #10: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Duragesic (fentanyl transdermal system).

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

Decision rationale: Per the MTUS, opioids should be discontinued if there is no overall improvement in function, unless there are extenuating circumstances, Opioids should be continued if the patient has returned to work or has improved functioning and pain. Ongoing management actions should include prescriptions from a single practitioner, taken as directed and all prescriptions from a single pharmacy. The lowest possible dose should be prescribed to improve pain and function. Documentation should follow the 4 A's of analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors. Long-term users of opioids should be regularly reassessed. In the maintenance phase, the dose should not be lowered if it is working. Also, patients who receive opioid therapy may sometimes develop unexpected changes in their response to opioids, which includes development of abnormal pain, change in pain pattern, persistence of pain at higher levels than expected. When this happens, opioids can actually increase rather than decrease sensitivity to noxious stimuli. It is important to note that a decrease in opioid efficacy should not always be treated by increasing the dose or adding other opioids, but may actually require weaning. Fentanyl 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. This injured worker has been on long-term opioid therapy and clearly has developed some tolerance, however Fentanyl is a potent opioid analgesic and its use along with other opioids should be closely monitored. The injured worker's medical records do not reveal sufficient documentation that assures that this medication is being prescribed in a safe manner, there is no quantifiable documentation of pain and functional improvement with the use of Fentanyl, ongoing management actions also have not been addressed, a pharmacy report and a UDS were noted, however based on the above discussion and the guidelines medical necessity for continued use is not established. The request is not medically necessary.

Methadone 5mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Methadone.

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

Decision rationale: Per the MTUS, opioids should be discontinued if there is no overall improvement in function, unless there are extenuating circumstances, Opioids should be continued if the patient has returned to work or has improved functioning and pain. Ongoing management actions should include prescriptions from a single practitioner, taken as directed and all prescriptions from a single pharmacy. The lowest possible dose should be prescribed to improve pain and function. Documentation should follow the 4 A's of analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors. Long-term users of opioids should be regularly reassessed. In the maintenance phase, the dose should not be lowered if it is working. Also, patients who receive opioid therapy may sometimes develop unexpected changes in their response to opioids, which includes development of abnormal pain, change in pain pattern, persistence of pain at higher levels than expected. When this happens, opioids can actually increase rather than decrease sensitivity to noxious stimuli. It is important to note that a decrease in opioid efficacy should not always be treated by increasing the dose or adding other opioids, but may actually require weaning. A review of the injured workers medical records do not reveal sufficient documentation that assures that this medication is being prescribed in a safe manner, there is no quantifiable documentation of pain and functional improvement with the use of opioids, ongoing management actions also have not been addressed, a pharmacy report and a UDS were noted, however based on the above discussion and the guidelines medical necessity for continued use is not established. The request is not medically necessary.

Norco 10/325mg #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: Per the MTUS, opioids should be discontinued if there is no overall improvement in function, unless there are extenuating circumstances, Opioids should be continued if the patient has returned to work or has improved functioning and pain. Ongoing management actions should include prescriptions from a single practitioner, taken as directed and all prescriptions from a single pharmacy. The lowest possible dose should be prescribed to improve pain and function. Documentation should follow the 4 A's of analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors. Long-term users of opioids should be regularly reassessed. In the maintenance phase, the dose should not be lowered if it is working. Also, patients who receive opioid therapy may sometimes develop unexpected changes in their response to opioids, which includes development of abnormal pain, change in pain pattern, persistence of pain at higher levels than expected. When this happens, opioids can actually increase rather than decrease sensitivity to noxious stimuli. It is important to note that a decrease in opioid efficacy should not always be treated by increasing the dose or adding other opioids, but may actually require weaning. A review of the injured workers medical records do not reveal sufficient documentation that assures that this medication is being prescribed in a safe manner, there is no quantifiable documentation of pain and functional improvement with the use of opioids, ongoing management actions also have not been addressed, a pharmacy report and a UDS were noted, however based on the above discussion and the guidelines medical necessity for continued use is not established. The request is not medically necessary.

Gabapentin 300mg #240: Overturned

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

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

Decision rationale: Per the MTUS, anti-epilepsy drugs are recommended for neuropathic pain. Gabapentin is considered first line treatment for neuropathic pain. The choice of specific agents reviewed below will depend on the balance between effectiveness and adverse reactions. A "good" response to the use of AEDs has been defined as a 50% reduction in pain and a "moderate" response as a 30% reduction. It has been reported that a 30% reduction in pain is clinically important to patients and a lack of response of this magnitude may be the "trigger" for the following: (1) a switch to a different first-line agent (TCA, SNRI or AED are considered first-line treatment); or (2) combination therapy if treatment with a single drug agent fails.(Eisenberg, 2007) (Jensen, 2006) After initiation of treatment there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. The continued use of AEDs depends on improved outcomes versus tolerability of adverse effects. The injured worker has radiculopathy and it is reported that the injured workers medications are helping, continued use of gabapentin is appropriate, therefore the request for Gabapentin 300mg #240 is medically necessary.

Cyclobenzaprine 10mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Cyclobenzaprine (Flexeril), Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Cyclobenzaprine (Flexeril), Muscle relaxants (for pain).

Decision rationale: Per the MTUS, Cyclobenzaprine is recommended as an option in the treatment of chronic pain using a short course of therapy. It is more effective than placebo in the management of back pain, the effect is modest and comes at the price of greater adverse effects. The effect is greatest in the first 4 days of treatment suggesting that shorter courses may be better. Treatment should be brief. A review of the injured workers medical records reveal that she has been on cyclobenzaprine long-term which is not consistent with the guideline recommendations, continued use is not appropriate, therefore the request for Cyclobenzaprine 10mg #60 is not medically necessary.