

Case Number:	CM15-0022019		
Date Assigned:	02/11/2015	Date of Injury:	08/15/2007
Decision Date:	04/08/2015	UR Denial Date:	01/21/2015
Priority:	Standard	Application Received:	02/05/2015

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, Hawaii
 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 46 year old female, who sustained an industrial injury on 8/15/2007. She reports a fall, injuring her back and right knee. Diagnoses include thoracic or lumbosacral neuritis or radiculopathy, displacement of the lumbar intervertebral disc without myelopathy, herniated disc at lumbar 5-sacral 1 and bilateral knee pain and opioid dependence. Treatments to date include right knee surgery, physical therapy, epidural blocks and medication management. A progress note from the treating provider dated 9/10/2014 indicates the injured worker reported low back pain and bilateral knee pain. On 1/21/2015, Utilization Review non-certified the request for Percocet 10/325mg twice daily, Fentanyl 75mcg every 48 hours and Xanax 0.5mg twice daily, citing MTUS, ACOEM and Official Disability Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet (Oxycodone/Acetaminophen) 10/325mg, 2 times per day: Upheld
Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
 Page(s): 74-94.

Decision rationale: The patient presents with pain affecting the low back and bilateral knee. The current request is for Percocet (Oxycodone/Acetaminophen) 10/325mg, 2 times per day. The treating physician report dated 12/8/14 (152B) states, "The patient understands risks and benefits of opioid therapy. She states that the opioid medication is decreasing her pain level and improving her functioning. She denies any intolerable side effects. The patient understands to hold opioid medication upon sedation. She denies any diversion of medications or aberrant drug taking behaviors." MTUS pages 88 and 89 states "document pain and functional improvement and compare to baseline. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS also requires documentation of the four A's (analgesia, ADL's, Adverse effects and Adverse behavior). The treating physician report dated 9/10/14 (24B) notes that the patient continued to rely on Percocet 10/325 mg 2 times a day. Reports provided show the patient has been taking Percocet since at least 9/10/14. The report dated 12/8/14 notes that the patient's pain has decreased from 9/10 to 7/10 while on current medication. No adverse effects or adverse behavior were noted by patient except for constipation. There is no documentation provided that shows the patient's ADL's have improved. A report dated 10/6/14 (142B) states, "Pt reports that she has been on her current medications for years and that her Percocet is not providing any relief. She is happy with her fentanyl patch." In this case, not all four of the required A's are addressed and there is no documentation of functional improvement. Furthermore, the patient has expressed that "Percocet is not providing any relief." Recommendation is for denial and slow weaning per the MTUS guidelines.

Fentanyl (Dragesic) 75mcg, every 8 hours: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Page(s): 74-94.

Decision rationale: The patient presents with pain affecting the low back and bilateral knee. The current request is for Fentanyl (Dragesic) 75mcg, every 8 hours. The treating physician report dated 12/8/14 (152B) states, "The patient understands risks and benefits of opioid therapy. She states that the opioid medication is decreasing her pain level and improving her functioning. She denies any intolerable side effects. The patient understands to hold opioid medication upon sedation. She denies any diversion of medications or aberrant drug taking behaviors." MTUS pages 88 and 89 states "document pain and functional improvement and compare to baseline. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS also requires documentation of the four A's (analgesia, ADL's, Adverse effects and Adverse behavior). The treating physician report dated

9/10/14 (24B) notes that the patient continued to rely on a Fentanyl patch 75 mcg mg every 48 hours. Reports provided show the patient has been using a Fentanyl patch since at least 9/10/14. The report dated 12/8/14 notes that the patient's pain has decreased from 9/10 to 7/10 while on current medication. No adverse effects or adverse behavior were noted by patient except for constipation. A report dated 10/6/14 (142B) states, 'Pt reports that she has been on her current medications for years and that her Percocet is not providing any relief. She is happy with her fentanyl patch.' The continued use of a Fentanyl patch has improved the patient's symptoms and have allowed the patient to enjoy a greater quality of life. In this case, all four of the required A's are addressed, the patients pain level has been monitored upon each visit and functional improvement has been documented. Recommendation is for authorization.

Xanax (Alprazolam) 0.5mg, 2 times per day: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: The patient presents with pain affecting the low back and bilateral knee. The current request is for Xanax (Alprazolam) 0.5mg, 2 times per day. The treating physicians report dated 12/8/14(152B) provides no rationale for the current request. Medical reports provided show the patient has been taking Xanax since at least 9/10/14 (24B). The MTUS Guidelines do not recommend benzodiazepines for longer than 4 weeks. The treating physician provides no documentation of the patient's response to the ongoing usage of Xanax as MTUS requires on page 8. Furthermore, there was no rationale provide by the physician as to why the patient requires treatment above and beyond the MTUS guidelines. Recommendation is for denial and slow weaning per the MTUS guidelines.

Nexium DR (esomepraole magnesium) 40mg daily: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 68-69.

Decision rationale: The patient presents with pain affecting the low back and bilateral knee. The current request is for Nexium DR. The treating physicians report dated 12/8/14 provides no rationale for the current request. The MTUS guidelines state Nexium is recommended with precautions, "(1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA)." Clinician should weigh indications for NSAIDs against GI and cardio vascular risk factors, determining if the patient is at risk for gastrointestinal events. In this case, there was no documentation provided of any current NSAID use or indication that the patient was at risk for gastrointestinal events nor was there any documentation

of dyspepsia. Furthermore, there was no quantity of Nexium to be prescribed specified in the current request and an open ended request is not supported. The current request does not satisfy MTUS guidelines as outlined on pages 68-69. Recommendation is for denial.