MAXIMUS Federal Services

Case Number:	CM15-0029868		
Date Assigned:	02/23/2015	Date of Injury:	11/03/2004
Decision Date:	04/17/2015	UR Denial Date:	01/27/2015
Priority:	Standard	Application Received:	02/18/2015

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, 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:

The injured worker is a 36-year-old male, who sustained an industrial injury on 11/3/2004. On 2/18/15, the injured worker submitted an application for IMR for review of 1 prescription of Fentanyl patches 75mcg #15, and 1 prescription of Percocet 10/325mg #180, and 1 prescription of Gralise 600mg #30 with 5 refills, and 1 prescription of Paxil #30. The treating provider has reported the injured worker complained of chronic low back and left lower extremity pain and current medication since "decreased" is not helping. The notes indicate the injured worker went to "the emergency room (ER) where he was given more Fentanyl patches." The diagnoses have included lumbar sprain/strain, low back pain, and radiculitis lumbar, somatic dysfunction lumbar. Treatment to date has included non-industrial injuries and surgical repair for left knee and left hand; lumbar MRI (5/8/12); MRI lumbar spine (911/14). On 1/27/15 Utilization Review non-certified 1 prescription of Fentanyl patches 75mcg #15, and 1 prescription of Percocet 10/325mg #180, and 1 prescription of Gralise 600mg #30 with 5 refills, and 1 prescription of Paxil #30. The MTUS Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Fentanyl patches 75mcg #15: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Fentanyl Transdermal Page(s): 44, 93.

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." I respectfully disagree with the UR physician. The progress note dated February 3, 2015, after the date of the prior UR evaluation, indicates that there is objective pain relief with the usage of fentanyl as well as improvement with activities of daily living and an absence of side effects or aberrant behavior. Also, CURES and UDS are appropriate. Considering this information, this request for fentanyl patches is medically necessary.

1 prescription of Percocet 10/325mg #180: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78, 92.

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." I respectfully disagree with the UR physician. The progress note dated February 3, 2015, after the date of the prior UR evaluation, indicates that there is objective pain relief with the usage of Percocet as well as improvement with activities of daily living and an absence of side effects or aberrant behavior. Also, CURES and UDS are appropriate. Considering this information, this request for fentanyl patches is medically necessary.

1 prescription of Gralise 600mg #30 with 5 refills: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anticonvulsants Page(s): 16-19.

Decision rationale: I respectfully disagree with the UR physician. A progress note dated January 6, 2015 states prior to the use of Gralise the injured employee has tried Neurontin and there is stated to be better relief of the injured employees neuropathic pain with usage of Gralise. This request for Gralise is medically necessary.

1 prescription of Paxil #30: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants Page(s): 13-16.

Decision rationale: The California MTUS guidelines indicate that SSRI antidepressants are indicated for the treatment of neuropathic pain. I respectfully disagree with the UR physician's assertion, he did not have access to the PTP's rationale set forth in the appeal letter which is dated after the UR denial. This request for Paxil is medically necessary.