

Case Number:	CM15-0213641		
Date Assigned:	11/03/2015	Date of Injury:	03/26/2008
Decision Date:	12/15/2015	UR Denial Date:	10/27/2015
Priority:	Standard	Application Received:	10/29/2015

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: New York
Certification(s)/Specialty: Anesthesiology

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 64 year old male, who sustained an industrial injury on 3-26-08. The injured worker is diagnosed with post lumbar laminectomy syndrome, lumbar disc herniation with radiculopathy and new onset atrial fibrillation (non-industrial). Notes dated 9-14-15 and 10-13-15 reveals the injured worker presented with complaints of low back pain and numbness and tingling in his legs bilaterally, which limits his mobility and activity. His pain is rated at 5-7 out of 10. Physical examinations dated 8-14-15, 9-14-15 and 10-13-15 revealed tenderness to palpation of the bilateral lumbar musculature with increased rigidity noted. There are numerous palpable trigger points and tenderness throughout the lumbar paraspinal muscles. There is decreased lumbar range of motion with obvious muscle guarding. The injured worker is routinely monitored for at risk behavior with urine drug screens, CURES review and a current opioid contract per note dated 10-13-15. Treatment to date has included spinal cord stimulator, medications; Duragesic, Neurontin, Flexeril and Restoril (all 5-2015), Percocet (6-2015); lumbar laminectomy and trigger point injections with a reduction in pain by 50% and improved range of motion for 2-3 weeks, per notes dated 8-14-15 and 10-13-15. Diagnostic studies include urine drug screen, which was consistent for prescribed medication per note dated 10-13-15; lumbar spine MRI, CT scan and electrodiagnostic studies. A request for authorization dated 10-13-15 for Percocet 10-325 mg #90, Duragesic 75 mcg #15, Neurontin 600 mg, Flexeril 10 mg and Restoril 30 mg is non-certified, per Utilization Review letter dated 10-27-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain, Opioids, dosing.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Opioids.

Decision rationale: According to the CA MTUS and the ODG, Percocet (Oxycodone/Acetaminophen) is a short-acting opioid analgesic indicated for moderate to severe pain, and is used to manage both acute and chronic pain. The treatment of chronic pain with any opioid analgesic requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. A pain assessment should include current pain, intensity of pain after taking the opiate, and the duration of pain relief. In this case, there is insufficient evidence that the opioids were prescribed according to the CA MTUS guidelines, which recommend prescribing according to function, with specific functional goals, return to work, random drug testing, an opioid contract, and documentation of a prior failure of non-opioid therapy. In addition, the MTUS recommends urine drug screens for patients with poor pain control and to help manage patients at risk of abuse. The MTUS guidelines recommend that the dosing of opioids does "not exceed 120 mg oral morphine equivalents per day (MED), and for patients taking more than one opioid, the morphine equivalent doses of the different opioids must be added together to determine the cumulative dose. Rarely, and only after pain management consultation, should the total daily dose of opioid be increased above 120 mg oral morphine equivalents." In this case, the medical records show that the injured worker has been prescribed opioids since at least 12/11/2014. The patient's current MED is 225, which exceeds the guidelines recommendations. There was a lack of significant pain relief with the continued use of opioids. There was no documentation of the medication's pain relief effectiveness, objective functional improvement, or response to ongoing opioid analgesic therapy. Medical necessity for the requested medication has not been established. This does not imply that some form of analgesia is contraindicated; only that the opioids as prescribed are not being prescribed according to the MTUS and that the results of use did not meet the requirements of the MTUS. Of note, discontinuation of an opioid analgesic should include a taper to avoid withdrawal symptoms. The requested Percocet is not medically necessary.

Duragesic 75mcg #15: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Fentanyl, Opioids for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Opioids.

Decision rationale: Fentanyl is an opioid analgesic with a potency of eighty times that of Morphine. According to ODG, chronic pain can have a mixed physiologic etiology of both neuropathic and nociceptive components. In most cases, analgesic treatment should begin with acetaminophen, aspirin, and NSAIDs. According to ODG and MTUS, Fentanyl is a long-acting narcotic analgesic used to manage both acute and chronic pain. Fentanyl transdermal (Duragesic) patches are indicated for the management of persistent chronic pain, which is moderate to severe requiring continuous, around-the-clock opioid therapy. Duragesic patches should only be used in patients who are currently on opioid therapy for which tolerance has developed. Patches are worn for a 72-hour period. In this case, the treatment of chronic pain with any opioid analgesic requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. A pain assessment should include current pain, intensity of pain after taking the opiate, and the duration of pain relief. This patient is taking other prescribed opioid medications and the dosage exceeds the recommended Morphine Equivalent Dosage (MED) limit for non-malignant pain. Medical necessity of the requested medication has not been established. Of note, discontinuation of an opioid analgesic should include a taper to avoid withdrawal symptoms. The requested medication is not medically necessary.

Unknown quantity of Neurontin 600mg: Upheld

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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Gabapentin (Neurontin).

Decision rationale: Gabapentin (Neurontin) is an anti-epilepsy drug (AED) which 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. The continued use of AEDs depends on improved outcomes versus tolerability of adverse effects. 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. In this case, there is no documentation of subjective or objective findings to continue the use of Neurontin. In addition, there is no documentation of the dosage or quantity of Neurontin requested. Medical necessity for Neurontin has not been established. The requested medication is not medically necessary.

Unknown quantity of Flexeril 10mg: Upheld

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

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

Decision rationale: According to the reviewed literature, Flexeril (Cyclobenzaprine) is a skeletal muscle relaxant and a central nervous system (CNS) depressant. It is closely related to the tricyclic antidepressants. It is not recommended for the long-term treatment of chronic pain. The medication has its greatest effect in the first four days of treatment. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. According to CA MTUS Guidelines, muscle relaxants are not considered any more effective than non-steroidal anti-inflammatory drugs (NSAIDs) alone, or in combination with NSAIDs. Guideline criteria have not been met. In addition, contraindications to use of Flexeril include the acute recovery phase of a myocardial infarction, patients with arrhythmias, or congestive heart failure. In this case, the patient has a history of atrial fibrillation. There has also been no documentation of functional improvement from any previous use of this medication. Based on the currently available information, the medical necessity for this muscle relaxant medication has not been established. The requested medication is not medically necessary.

Unknown quantity of Restoril 30mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic), Insomnia Treatment, Mental Illness & Stress , Benzodiazepine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Benzodiazepines.

Decision rationale: Restoril (Temazepam) is an intermediate-acting 3-hydroxy hypnotic of the benzodiazepine class of psychoactive drugs. It is approved for the short-term treatment of insomnia. According to CA MTUS Guidelines, benzodiazepines are prescribed for anxiety. They are not recommended for long-term use for the treatment of chronic pain because long-term efficacy is unproven and there is a risk of dependency. There are no guideline criteria that support the long-term use of benzodiazepines for sleep disturbances. Medical necessity for the requested medication has not been established. The requested medication is not medically necessary.