

<b>Case Number:</b>	CM14-0117741		
<b>Date Assigned:</b>	08/11/2014	<b>Date of Injury:</b>	08/15/1991
<b>Decision Date:</b>	10/14/2014	<b>UR Denial Date:</b>	07/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/28/2014

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 records, presented for review, indicate that this 65-year-old individual was reportedly injured on August 15, 1991. The injured employee was noted to be medically retired. The most recent progress note, dated June 24, 2014, indicated that there were ongoing complaints of bilateral upper extremities pain. The pain level was unchanged and remains at 6/10 to 7/10. The physical examination demonstrated a 5'7", 107 pound individual who was hypertensive (162/96). There was tenderness to palpation and symptoms were consistent with complex regional pain syndrome. There were no neurological findings identified. The pain control device may need possible reprogramming. Diagnostic imaging studies objectified a cervical disc lesion. Previous treatment included physical therapy, multiple medications, surgical intervention, and pain management interventions. A request had been made for multiple medications and was not certified in the pre-authorization process on July 22, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **Fentanyl Patch 12UGM QTY: 15:**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 44, 47.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Duragesic (fentanyl transdermal system) Page(s): 44.

**Decision rationale:** As outlined in the MTUS, this is a particularly potent (80 x more so than morphine) and is "not recommended for musculoskeletal pain." The MED for this level is 28.8 per day. Along with another request (25 g), this brings the level 288.8 MED per day. This is less than the maximum; however, other medications are employed. Furthermore, there is no objectification that this medication is having any efficacy or utility in the progress notes. There is no increase in functionality and the pain level has remained constant. Therefore, based on the clinical information presented for review, there is insufficient data presented to support this request.

**Fentanyl Patch 25UGM QTY: 15: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 44, 47.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Duragesic (fentanyl transdermal system) Page(s): 44.

**Decision rationale:** As outlined in the MTUS, this is a particularly potent (80 x more so than morphine) and is "not recommended for musculoskeletal pain." The MED for this level is 28.8 per day. Along with another request (25 g), this brings the level 288.8 MED per day. This is less than the maximum; however, other medications are employed. Furthermore, there is no objectification that this medication is having any efficacy or utility in the progress notes. There is no increase in functionality and the pain level has remained constant. Therefore, based on the clinical information presented for review, there is insufficient data presented to support this request.

**Percocet 5/325mg QTY: 135: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 92.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-78, 88, 91.

**Decision rationale:** This is a short acting opioid indicated for the management of moderate to moderately severe pain. The MTUS requires that the lowest possible dose, that improve pain and increase functionality, be employed. The progress notes indicate that this level of improvement has not been reached. Furthermore, when combining this dosage with the Fentanyl patch, the MED is calculating the 108.8. Therefore, with this level of narcotic and the lack of any significant improvement, particularly considering the date of injury, there is insufficient clinical evidence presented to support the continued use of this medication.

**Levsin SL 0.125mg QTY: 60: Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Kapoor, A. K.; Raju, S. M. (2013). Illustrated Medical Pharmacology. JP Medical Ltd. p. 131. ISBN 9789350906552. Retrieved January 11, 2014.

**Decision rationale:** This medication is not noted in the MTUS, ACOEM or ODG. A literature search indicates that this is a plant substance used to treat gastrointestinal distress. There is an indication in the progress notes of some gastrointestinal distress and that there is no examination of the current symptoms or notation of the efficacy of this product. Therefore, based on the lack of data to support this request, this is not medically necessary.

**Limbrel 500mg QTY: 60:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines ODG: Pain chapter, updated October 2014

**Decision rationale:** It is noted that this medication is not addressed in the MTUS or the ACOEM guidelines. However, it is noted in the ODG. As noted in the ODG, this is not recommended based on additional evidence of adverse effects. Therefore, when noting that there is no clinical indication and adverse side effects are not addressed in the progress notes, there is insufficient clinical information presented to support this request.

**Gabitril 4mg QTY: 60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 21.

**Decision rationale:** This medication is an antiepileptic preparation which can be used in clinical settings for neuropathic pain. The records indicate that there were multiple peripheral neuropathies and were surgically addressed. However, there is no documentation that this medication is achieving any efficacy as the pain levels are unchanged, the functionality is unchanged and there is no objective data suggesting that this medication be continued. According, this is not medically necessary.

**Prilosec 20mg QTY: 30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAID's (non-steroidal anti-inflammatory) Page(s): 69.

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

**Decision rationale:** This medication is a proton pump inhibitor useful for the treatment of gastroesophageal reflux disease. There are complaints of gastrointestinal tract disorders; however, the functionality of this medication in terms of improving the symptomatology has not been addressed. Accordingly, based on the lack of appropriate clinical information, there is insufficient data to support the medical necessity of this product.

**Compound cream TN2 (tube) QTY: 1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 37-.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-112.

**Decision rationale:** As outlined in the MTUS, there is support for topical nonsteroidals and/or other preparations for the short-term use for acute pain. Furthermore, there needs to be objective occasion of the injured worker who is unable to tolerate oral administration. There is no data presented to suggest that the oral administration of medications was not tolerated. Furthermore, there is no noted efficacy of this preparation in terms of decreased pain or increased functionality. As such, based on the progress notes presented for review, there is insufficient data presented to support this request.