

Case Number:	CM14-0143779		
Date Assigned:	09/10/2014	Date of Injury:	11/19/1992
Decision Date:	11/10/2014	UR Denial Date:	08/27/2014
Priority:	Standard	Application Received:	09/05/2014

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 & Rehabilitation & Pain Medicine and is licensed to practice in California. 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 injured worker is a 56-year-old female who reported injury on 11/19/1992 by an unspecified mechanism. The injured worker's prior treatment history included MRI studies, and medications. The injured worker was evaluated on 08/08/2014, and it was documented the injured worker was present for a followup refill of medications. It was noted the injured worker had increased pain in the lower back. She had chronic pain in the back rated at 6/10 with medication, and without medication it was 10/10 on the pain scale. The provider noted the injured worker needs rescue medication during the day for adequate pain control. She denies excessive drowsiness, no constipation, and states she is compliant and responsible with medication. Examination of her low back revealed back pain, lumbar disc disease, pain was increased. Muscle spasms were better. With pain medications, she can do activities of daily living. It decreases her pain down to 3/10 and without medications, she cannot function. Her medications included Climara 0.045 mg transdermal patch, Duragesic 50 mcg, Lexapro, Nexium 40 mg, Ritalin, Savella 50 mg, and Soma. Diagnoses included lumbar disc disease; depression; myalgia and fibromyalgia, unspecified; cervical disc disease. A Request for Authorization was not submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Duragesic Patch 50 Mcg Q 72 Hours #10: 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 Duragesic and Fentanyl Page(s): 44 & 47..

Decision rationale: The request for the Duragesic patch 50 mcg Q 72 hours # 10 is not medically necessary. The Chronic Pain Medical Treatment Guidelines does not recommend Duragesic Patches as a first-line therapy. Duragesic is a trade name of a fentanyl transdermal therapeutic system, which releases fentanyl, a potent opiate, slowly through the skin. The FDA-approved product states that Duragesic is indicated in the management of chronic pain in patients who require continuous opiate analgesics for pain that cannot be managed by other means. The guidelines also states that fentanyl is an opiate analgesic with a potency 80 times that of morphine. Weaker opiates are less likely to produce adverse effects than stronger opioids such as fentanyl. Duragesic is indicated in the management of chronic patients who require continuous opiate analgesia for pain that cannot be managed by other means, but is not recommended as a first line therapy. As such, the request for Duragesic patch 50 mcg every 72 hours #10 is not medically necessary.

Duragesic 100 Mcg Q 72 Hours #10: 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 Duragesic and Fentanyl Page(s): 44 & 47.

Decision rationale: The request for the Duragesic 100 mcg/hr. Q 72 hours # 10 is not medically necessary. The Chronic Pain Medical Treatment Guidelines does not recommend Duragesic Patches as a first-line therapy. Duragesic is a trade name of a fentanyl transdermal therapeutic system, which releases fentanyl, a potent opiate, slowly through the skin. The FDA-approved product states that Duragesic is indicated in the management of chronic pain in patients who require continuous opiate analgesics for pain that cannot be managed by other means. The guidelines also states that fentanyl is an opiate analgesic with a potency 80 times that of morphine. Weaker opiates are less likely to produce adverse effects than stronger opioids such as fentanyl. Duragesic is indicated in the management of chronic patients who require continuous opiate analgesia for pain that cannot be managed by other means, but is not recommended as a first line therapy. However, it was noted that there has been no treatment request since 2011. The injured worker was also under oral opiate and there was no clear indication that this medication in addition to other medications currently taking, is insufficient to address the injured worker's pain. As such, the request for Duragesic 100 mcg every 72 hours #10 is not medically necessary.

Phenergan 25 Mg #90: 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 (Chronic), Antiemetic's (for opioid nausea). Other Medical Treatment Guideline or Medical Evidence

Decision rationale: The request for Phenergan 25 mg #90 is not medically necessary. The Official Disability Guidelines (ODG) do not recommend Phenergan/Zofran for nausea and vomiting secondary to chronic opioid use. Nausea and vomiting is common with the use of opioids. Side effects tend to diminish over days to weeks of continued exposure. Studies of opioid adverse effects including nausea and vomiting are limited to short-term duration (less than four weeks) and have limited application to long-term use. If nausea and vomiting remains prolonged, other etiologies of these symptoms should be evaluated for. The differential diagnosis includes gastro paresis (primarily due to diabetes). Current research for treatment of nausea and vomiting as related to opioid use primarily addresses the use of antiemetics in patients with cancer pain or those utilizing opioids for acute/postoperative therapy. Recommendations based on these studies cannot be extrapolated to chronic non-malignant pain patients. There is no high-quality literature to support any one treatment for opioid-induced nausea in chronic non-malignant pain patients. The documents submitted does not warrant the need for the injured worker need Phenergan. Additionally, the documentation provided does not indicate the injured worker having a diagnoses of cancer or acute/postoperative therapy. Given the above, the request is not medically necessary.

Soma 350 Mg Bid #90: 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 Muscle relaxants (for pain) Page(s): 63-65..

Decision rationale: The request for Soma 350mg BID # 90 is not medically necessary. The injured worker had complaints of neck and back with post-surgical lumbar fusion, possible nonunion, giving some of her progressive upper back and neck pain. The pain was aggravated by bending, descending stairs, lifting, pushing, sitting, walking, ascending stairs, and changing positions. The California MTUS Guidelines recommend no sedating muscle relaxants with caution as a second line option for the short term treatment of acute exacerbations in patients with chronic low back pain. However, most low back pain cases show no benefit beyond NSAIDs in pain and overall improvement. Also, there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Muscle relaxers are used to decrease muscle spasms in conditions such as low back pain. Recommended for short course of therapy. Limited, mixed evidence does not allow for a recommendation for chronic use. This medication is not recommended to be longer than 2 to 3 weeks. The guidelines recommend muscle relaxants for the use of treatment for acute exacerbations in patients with chronic low back pain.

Furthermore, the guidelines recommend short term use of no longer than 2 to 3 weeks. However, determination of Soma usage cannot be determined with submitted documents. As such, the request for Soma 350 mg twice a day, #90 is not medically necessary.

Dilaudid 2 Mg Bid: 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, criteria for use Page(s): 78.

Decision rationale: The requested is not medical necessary. The California Medical Treatment Utilization Schedule (MTUS) Schedule (MTUS) guidelines state that criteria for use for ongoing- management of opioids include ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. There was lack of evidence of opioid medication management and average pain, intensity of pain, or longevity of pain relief. The provider failed to submit urine drug screen indicating opioids compliance for the injured worker. There was no conservative measures indicated for the injured worker such as pain medication or home exercise regimen for the injured worker. There was lack of documentation of long-term functional improvement for the injured worker. As such, the request for Dilaudid 2 mg twice a day is not medically necessary.