

Case Number:	CM14-0145350		
Date Assigned:	09/12/2014	Date of Injury:	06/06/2006
Decision Date:	10/14/2014	UR Denial Date:	08/14/2014
Priority:	Standard	Application Received:	09/08/2014

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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 71-year-old male with a 6/6/06 date of injury. At the time (7/30/14) of request for authorization for Hydrocodone/APAP tab 10-325 mg quantity: 120.00, Diazepam tab 10 mg. quantity: 90.00, and Fentanyl 50 mcg./hr. quantity: 10.00, there is documentation of subjective (low back pain radiating to left hip and left leg associated with numbness and tingling into the posterolateral aspect of the thigh and calf) and objective (decreased sensation in L4, and left L5 and S1 dermatomes, positive left straight leg raising test, and tenderness over the lower lumbar paraspinal muscles with spasm) findings, current diagnoses (lumbar disc displacement without myelopathy and sciatica), and treatment to date (medications (including ongoing treatment with Hydrocodone/APAP, Diazepam, and Fentanyl since at least 12/18/13). Medical report identifies that medications improve pain control and functioning in activities of daily living. Regarding Hydrocodone/APAP, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Regarding Diazepam, there is no documentation of Diazepam use for short-term (up to 4 weeks) treatment. Regarding Fentanyl, there is no documentation of persistent, moderate to severe chronic pain that requires continuous, around-the-clock opioid administration for an extended period of time, and cannot be managed by other means; that the patient is already receiving opioid therapy, has demonstrated opioid tolerance, and requires a total daily dose at least equivalent to Fentanyl 25 mcg/h; and no contraindications exist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/APAP tab 10-325 mg quantity: 120.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Discontinue Opioids; Opioids for Chronic Pain Page(s): 79,.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-80. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines necessitate documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of opioids. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of lumbar disc displacement without myelopathy and sciatica. In addition, there is documentation of ongoing treatment with Hydrocodone/APAP. Furthermore, given documentation that Hydrocodone/APAP improves pain control and functioning in activities of daily living, there is documentation of functional benefit and improvement as an increase in activity tolerance as a result of Hydrocodone/APAP use to date. However, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Therefore, based on guidelines and a review of the evidence, the request for Hydrocodone/APAP tab 10-325 mg quantity: 120.00 is not medically necessary.

Fentanyl 50 mcg./hr. quantity: 10.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Discontinue Opioids; Opioids for Chronic Pain Page(s): 79,.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duragesic (fentanyl transdermal system) Page(s): 44. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Duragesic and Fentanyl Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20; and FDA

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of chronic pain in patients who require continuous opioid analgesia for pain that cannot be managed by other means, as criteria necessary to support the medical necessity of Fentanyl. MTUS Chronic Pain Medical Treatment Guidelines identifies that Fentanyl is not recommended as first-line therapy. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in

work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG identifies documentation that Fentanyl is not for use in routine musculoskeletal pain. FDA identifies documentation of persistent, moderate to severe chronic pain that requires continuous, around-the-clock opioid administration for an extended period of time, and cannot be managed by other means; that the patient is already receiving opioid therapy, has demonstrated opioid tolerance, and requires a total daily dose at least equivalent to Fentanyl 25 mcg/h; and no contraindications exist, as criteria necessary to support the medical necessity of Fentanyl patch. Within the medical information available for review, there is documentation of diagnoses of lumbar disc displacement without myelopathy and sciatica. In addition, there is documentation of pain and ongoing treatment with Fentanyl Patch. Furthermore, given documentation that Fentanyl improves pain control and functioning in activities of daily living, there is documentation of functional benefit and improvement as an increase in activity tolerance as a result of Fentanyl use to date. However, despite documentation of pain, there is no documentation of persistent, moderate to severe chronic pain that requires continuous, around-the-clock opioid administration for an extended period of time, and cannot be managed by other means; that the patient is already receiving opioid therapy, has demonstrated opioid tolerance, and requires a total daily dose at least equivalent to Fentanyl 25 mcg/h; and no contraindications exist. Therefore, based on guidelines and a review of the evidence, the request for Fentanyl 50 mcg./hr. quantity: 10.0 is not medically necessary.

Diazepam tab 10 mg. quantity: 90.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that benzodiazepines are not recommended for long-term and that most guidelines limit use to 4 weeks. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of lumbar disc displacement without myelopathy and sciatica. In addition, there is ongoing treatment with Diazepam. Furthermore, given documentation that Diazepam improves pain control and functioning in activities of daily living, there is documentation of functional benefit and improvement as an increase in activity tolerance as a result of Diazepam use to date. However, given documentation of Diazepam use since at least 12/18/13, there is no documentation of Diazepam use for short-term (up to 4 weeks) treatment. Therefore, based on guidelines and a review of the evidence, the request for Diazepam tab 10 mg. quantity: 90.00 is not medically necessary.