

Case Number:	CM14-0146843		
Date Assigned:	09/15/2014	Date of Injury:	03/03/2001
Decision Date:	10/15/2014	UR Denial Date:	08/29/2014
Priority:	Standard	Application Received:	09/09/2014

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 Occupational Medicine, and is licensed to practice in Texas. 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 55 year old woman who was involved in a work related injury on 3/3/01. The injured worker is a post laminectomy syndrome chronic pain worker. Exam findings had shown decrease in lumbar spine range of motion with paralumbar musculature tenderness. There was decrease in calf sensation and some lower extremity motor weakness. Request was made for medications that were used on a chronic basis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Duragesic 12mcg #10: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), 2012 (pain) on Fentanyl, (pain) on Duragesic

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

Decision rationale: The criteria for use of opioids section states, "4) On-Going Management. ... The 4 A's for Ongoing Monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain workers on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-

related behaviors. These domains have been summarized as the '4 A's' (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors) (e) Use of drug screening or inpatient treatment with issues of abuse, addiction, or poor pain control ... (f) Documentation of misuse of medications (doctor-shopping, uncontrolled drug escalation, drug diversion) (g) Continuing review of overall situation with regard to non opioid means of pain control. This is a chronic pain injured worker who has been on analgesic medications likely for an extended period of time. The injured worker has reduction in pain with her medications. She has enhanced abilities to do her activities of daily living and with her medications she remains stable. There are no side effects from her medications and no ongoing increase in medication dosage. Overall, the clinician's data does suggest that the injured worker is deriving functional and pain relief benefit from the use of this medication. Given this, continued use of this drug is appropriate and therefore medically necessary. The guidelines are met for this worker.

Neurontin 300mg #120: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epileptic Drug.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 18.

Decision rationale: Gabapentin (Neurontin, Gabarone, generic available) has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. This medication is the mainstay of treating radiculopathy. The injured worker is deriving benefit with the use of this drug and it should be continued. The drug appeared to be non certified on some technicality in that the refill was being requested too early. This is not a drug of abuse and the request for the drug is appropriate and medically necessary.

Phenergen 25mg #30: Overturned

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, Antiemetics (for opioid nausea)

Decision rationale: The worker is using this drug on a very occasional basis for nausea provoked from use of her opioid medications. This is acceptable at this time. The injured worker would be an outlier to guidelines, which do not directly support the use of this medication. Nonetheless, noting the injured worker's limited use of this drug, with documented improvement, it is acceptable at this time. This was non-certified in that the opiates were non certified. Given that the opiates are now appropriate, the anti-emetic is medically necessary.

Duragesic 25mcg #10: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), 2012 (pain) on Fentanyl, (pain) on Duragesic

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

Decision rationale: The criteria for use of opioids section states, "4) On-Going Management. ... The 4 A's for Ongoing Monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain workers 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 aberrant drug-taking behaviors) (e) Use of drug screening or inpatient treatment with issues of abuse, addiction, or poor pain control ... (f) Documentation of misuse of medications (doctor-shopping, uncontrolled drug escalation, drug diversion) (g) Continuing review of overall situation with regard to non opioid means of pain control. This is a chronic pain injured worker who has been on analgesic medications likely for an extended period of time. The worker has reduction in pain with her medications. She has enhanced abilities to do her activities of daily living and with her medications she remains stable. There are no side effects from her medications and no ongoing increase in medication dosage. Overall, the clinician's data does suggest that the worker is deriving functional and pain relief benefit from the use of this medication. Given this, continued use of this drug is appropriate. The available clinical data reviewed indicated appropriate indices per guidelines, to merit continuation of this drug.