

Case Number:	CM15-0013975		
Date Assigned:	02/02/2015	Date of Injury:	09/22/2011
Decision Date:	03/25/2015	UR Denial Date:	01/14/2015
Priority:	Standard	Application Received:	01/23/2015

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 Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

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 51 year old female, who sustained an industrial injury on September 22, 2011. She has reported a hearing a pop in her lower back while throwing a bag into a dumpster. The diagnoses have included lumbago, thoracic or lumbosacral neuritis or radiculitis unspecified and postsurgical arthrodesis status. Treatment to date has included diagnostic studies, surgery, lumbar epidural injections, brace, physical therapy, exercise program and medications. Currently, the injured worker complains of ongoing pain in the low back with radiation. She also complains of continued pain in the bilateral knees, pain with movement along with numbness and tingling. She ambulates with an antalgic gait to the right. On January 14, 2015, Utilization Review modified the request and approved Fentanyl Patch 100mcg #10, Oxy IR 5mg #40 and Robaxin 500mg #63, noting the California MTUS Guidelines. On January 23, 2015, the injured worker submitted an application for Independent Medical Review for review of Fentanyl Patch 100mcg #15, Oxy IR 5mg #50 and Robaxin 500mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxy IR 5mg #40: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 76-79.

Decision rationale: According to MTUS guidelines, Oxycodone is a synthetic opioid indicated for the pain management but not recommended as a first line oral analgesic. In addition and according to MTUS guidelines, ongoing use of opioids should follow specific rules:(a) Prescriptions from a single practitioner taken as directed and all prescriptions from a single pharmacy.(b) The lowest possible dose should be prescribed to improve pain and function.(c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients 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). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework. There is no clear evidence of objective and recent functional and pain improvement with previous use of opioids. There is no clear documentation of the efficacy/safety of previous use of Oxycodone. There is no clear justification for the need to continue the use of Oxycodone. Therefore, the prescription of Oxycodone IR 5mg #40 is not medically necessary.

Fentanyl Ptch 100mcg #10: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duragesic (fentanyl transdermal system) Page(s): 68.

Decision rationale: Duragesic (fentanyl transdermal system). Not recommended as a first-line therapy. Duragesic is the trade name of a fentanyl transdermal therapeutic system, which releases fentanyl, a potent opioid, slowly through the skin. It is manufactured by ALZA Corporation and marketed by Janssen Pharmaceutica (both subsidiaries of Johnson & Johnson). The FDA-approved product labeling states that Duragesic is indicated in the management of chronic pain in patients who require continuous opioid analgesia for pain that cannot be managed by other means. In this case, the patient continued to have pain despite the use of high dose of opioids. There is no documentation of continuous monitoring of adverse reactions and of patients compliance with her medication. In addition, there is no documentation that the patient

developed tolerance to opioids or need continuous around the clock opioid administration. Therefore, the prescription of Fentanyl patch 100 micrograms #10 is not medically necessary.

Robaxin 500mg #63: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

Decision rationale: According to MTUS guidelines, Robaxin, a non sedating muscle relaxants, is recommended with caution as a second line option for short term treatment of acute exacerbations in patients with chronic spasm and pain. Efficacy appears to diminish over time and prolonged use may cause dependence. The patient in this case does not have clear recent evidence of spasm or that she was experiencing an acute exacerbation of pain. There is no clear documentation of the efficacy of previous use of Robaxin (the patient had been prescribed Robaxin on an ongoing basis for long time). The request for Robaxin 500mg #90 is not medically necessary.