

Case Number:	CM15-0016559		
Date Assigned:	02/05/2015	Date of Injury:	07/06/1983
Decision Date:	03/30/2015	UR Denial Date:	01/19/2015
Priority:	Standard	Application Received:	01/28/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 request for Fentanyl patches 75 mcg; 1 patch every 2 days, # 15 is not medically necessary. The California MTUS Guidelines state there are 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 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). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. The Official Disability Guidelines state Fentanyl is not recommended for musculoskeletal pain. There is a lack of documentation regarding proper pain assessment, side effects of these medications, and objective functional improvement related to the use of this medication. There was indication that a urine drug screen had been collected and was appropriate with prescribed medications and a discussion took place regarding medication; however, no indication of a signed pain contract was on record. The record indicates the fentanyl patch is changed every 2 days when in fact manufacture recommendations indicate it should be changed every 3 days. The request for fentanyl patches 75 mcg; 1 patch every 2 days #15 is not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fentanyl patches 75 mcg, 1 patch every 2 days, # 15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, ongoing management. Page(s): 78.

Decision rationale: The request for Fentanyl patches 75 mcg; 1 patch every 2 days, # 15 is not medically necessary. The California MTUS Guidelines state there are 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 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). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. The Official Disability Guidelines state Fentanyl is not recommended for musculoskeletal pain. There is a lack of documentation regarding proper pain assessment, side effects of these medications, and objective functional improvement related to the use of this medication. There was indication that a urine drug screen had been collected and was appropriate with prescribed medications and a discussion took place regarding medication; however, no indication of a signed pain contract was on record. The record indicates the fentanyl patch is changed every 2 days when in fact manufacture recommendations indicate it should be changed every 3 days. The request for fentanyl patches 75 mcg; 1 patch every 2 days #15 is not medically necessary.

Restoril 15 mg, 1 tablet QHS, # 30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepine Page(s): 24.

Decision rationale: The request for Restoril 15 mg; 1 tablet QHS, # 30 is not medically necessary. The California MTUS Guidelines state benzodiazepines are not recommended for long term use because long term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Benzodiazepines are not recommended as treatment for patients with chronic pain for longer than 4 weeks due to a high risk of psychological and physiological dependency. There is a lack of documentation relating to how long the injured worker has been on Restoril; however, most guidelines limit its use to 4 weeks. As this is a refill request, the request for Restoril 15 mg; 1 tablet QHS #30 is not medically necessary.

Cymbalta 60 mg 1 tablet BID, # 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 15.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants Page(s): 13.

Decision rationale: The request for Cymbalta 60 mg 1 tablet BID # 60 is not medically necessary. California MTUS guidelines recommend antidepressants as a first line medication for treatment of neuropathic pain and they are recommended especially if pain is accompanied by insomnia, anxiety, or depression. There is a lack of documentation relating to an objective decrease in pain and objective functional improvement to include an assessment in the changes in the use of other analgesic medications, sleep quality and duration, and psychological assessments. Therefore, the request for Cymbalta 60 mg 1 tablet BID #60 is not medically necessary.

Methadone 10 mg, 1 tablet every 12 hrs PRN baseline pain, # 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 61.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, ongoing management. Page(s): 78.

Decision rationale: The request for Methadone 10 mg; 1 tablet every 12 hrs PRN baseline pain # 60 is not medically necessary. The California MTUS Guidelines state there are 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 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). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. There is a lack of documentation regarding a proper pain assessment, side effects related to methadone, objective functional improvement with the use of methadone, indications of a review of CURES report, or a current drug contract. Therefore, the request for methadone 10 mg; 1 tablet every 12 hours PRN baseline pain; #60 is not medically necessary.

Compazine 10 mg, TID, # 90: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Compazine

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, Antiemetics

Decision rationale: The request for Compazine 10 mg; TID # 90 is not medically necessary. The Official Disability Guidelines state nausea and vomiting is common with the use of opioids. The side effects tend to diminish over days to weeks of continued exposure. Studies of opioids adverse effects including nausea and vomiting are limited to short term duration and have limited application to long term use. If nausea and vomiting remain prolonged, other etiologies of these symptoms should be evaluated for. There is a lack of documentation regarding the effectiveness of this medication and the reason for the nausea. The guidelines indicate that nausea and vomiting should diminish over days to weeks of continued exposure. Therefore, the request for Compazine 10 mg; TID #90 is not medically necessary.