

Case Number:	CM15-0115470		
Date Assigned:	06/23/2015	Date of Injury:	02/04/2003
Decision Date:	08/25/2015	UR Denial Date:	05/22/2015
Priority:	Standard	Application Received:	06/16/2015

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 injured worker is a 57 year old male, who sustained an industrial injury on 2/04/2003. The injured worker was diagnosed as having chronic lumbar degenerative disc disease, status post multiple lumbar fusions with instrumentation removal from L3-S1, chronic low back pain, bilateral lumbar radiculitis, and possible left tibial plateau fracture, status post trauma. Treatment to date has included diagnostics, multiple lumbar surgeries, exercise program, and medications. On 4/10/2015, the injured worker complains of significant problems with delays in authorization for opiate medications. He reported being without medication for four days the previous month, when they were not filled until 3/25/2015. Delays in authorization for opiate medication were noted for several months, noting him as either stretching out medication or going without medication. The use of Gabapentin, Duragesic, Docusate, and Percocet was noted since at least 8/2014. He continued to report chronic low back pain, with radicular symptoms to his lower extremities. He used a walker for ambulation. He noted some slight and transient dizziness approximately an hour and a half after taking Percocet. He reported regular bowel movements with the use of Colace. Medications were used to decrease pain and allow for activities of daily living. His tolerance for walking/standing was 30 minutes with medication use and less than 15 minutes without. He reported a 50-60% reduction in pain with medication. Pain was rated 4/10 with medication and 8/10 without. Pain levels were consistent for several months. Generic Fentanyl patches were documented to cause a skin reaction. His work status was permanent and stationary. Urine toxicology (3/2014) was documented as consistent with prescribed medications. Saliva screening was performed, noting that he was unable to give urine sample.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 600mg #90 with 3 refills: Overturned

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 Gabapentin Page(s): 18, 19.

Decision rationale: The patient complains of chronic low back pain that radiates to the lower extremities, as per progress report dated 05/21/15. The request is for Gabapentin 600 mg #90 with 3 refills. The RFA for this case is dated 05/15/15, and the patient's date of injury is 02/04/03. The patient is status post multiple lumbar surgeries, as per progress report dated 05/21/15, and has been diagnosed with lumbar degenerative disc disease, chronic low back pain, bilateral lumbar radiculitis, and status post left tibial plateau fracture. Current medications include Percocet, Neurontin, Colace, Fentanyl patches and Duragesic patches. The patient's disability status has been determined as permanent and stationary. MTUS has the following regarding Gabapentin on pg 18, 19: "Gabapentin (Neurontin, Gabarone, generic available) has been shown to be effective for treatment of diabetic painful neuropathy and post-therapeutic neuralgia and has been considered as a first-line treatment for neuropathic pain." In this case, a prescription for Neurontin is first noted in progress report dated 08/26/14, and the patient has been taking the medication consistently at least since then. In progress report dated 05/21/15, the treater states that Neurontin is required "to help manage the neuropathic symptoms in his lower extremities, such that he is able to engage in standing and walking activities". As per the same report, the patient experiences 50-60% reduction in pain due to medications. He is able to stand or walk for approximately 30 minutes with medications and less than 15 minutes without them. Given the neuropathic pain and documented efficacy, the request for additional Gabapentin appears reasonable and IS medically necessary.

Duragesic 75mcg patches #10: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 44, 47, 86.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duragesic -fentanyl transdermal system Page(s): 44.

Decision rationale: The patient complains of chronic low back pain that radiates to the lower extremities, as per progress report dated 05/21/15. The request is for Duragesic 75mcg patches #10. The RFA for this case is dated 05/15/15, and the patient's date of injury is 02/04/03. The patient is status post multiple lumbar surgeries, as per progress report dated 05/21/15, and has been diagnosed with lumbar degenerative disc disease, chronic low back pain, bilateral lumbar radiculitis, and status post left tibial plateau fracture. Current medications include Percocet, Neurontin, Colace, Fentanyl patches and Duragesic patches.

The patient's disability status has been determined as permanent and stationary. MTUS Chronic Pain Medical Treatment Guidelines, page 44, states: "Duragesic -fentanyl transdermal system- is not recommended as a first line therapy. Duragesic is a trade name of fentanyl transdermal therapeutic system which releases fentanyl, a potent opioid, slowly to the skin. For chronic opiate use, MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As -analgesia, ADLs, adverse side effects, and aberrant behavior-, as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief." In this case, a prescription for Duragesic patch is first noted in progress report dated 08/26/14, and the patient has been using it consistently at least since then. In progress report dated 05/21/15, the treater states that the patch is "for management of his pain to facilitate his ability to perform activities of daily living". As per the same report, the patient experiences 50-60% reduction in pain due to medications with the intensity of pain decreasing from 8/10 to 4/10. He is able to stand or walk for approximately 30 minutes with medications and less than 15 minutes without them. The patient has signed an opioid contract and does not exhibit any aberrant behavior. Saliva studies conducted on 04/10/15 were consistent with medication use. Given the clear discussion regarding 4As, including analgesia, ADLs, aberrant behavior, and adverse side effects, the request for additional Duragesic patches appears reasonable and is medically necessary.

Docusate 250mg #30 with 3 refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Constipation Page(s): 77.

Decision rationale: The patient complains of chronic low back pain that radiates to the lower extremities, as per progress report dated 05/21/15. The request is for Docusate 250mg #30 with 3 refills. The RFA for this case is dated 05/15/15, and the patient's date of injury is 02/04/03. The patient is status post multiple lumbar surgeries, as per progress report dated 05/21/15, and has been diagnosed with lumbar degenerative disc disease, chronic low back pain, bilateral lumbar radiculitis, and status post left tibial plateau fracture. Current medications include Percocet, Neurontin, Colace, Fentanyl patches and Duragesic patches. The patient's disability status has been determined as permanent and stationary. Regarding constipation, MTUS Chronic Pain Medical Treatment Guidelines, page 77, states that prophylactic treatment of constipation should be initiated with therapeutic trial of opioids. It also states "Opioid induced constipation is a common adverse side effect of long-term opioid use." In this case, the patient has been using Colace consistently at least since 08/26/14. The patient is also using Percocet, an opioid, during this time. In progress report dated 05/21/15, the treater states that "Colace is necessary for his narcotic-related constipation". MTUS also supports the use of medications to manage opioid induced constipation. Hence, the request is medically necessary.

Percocet 10.325mg #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain Criteria for use of Opioids Page(s): 60, 61, 88, 89, 76-78.

Decision rationale: The patient complains of chronic low back pain that radiates to the lower extremities, as per progress report dated 05/21/15. The request is for Percocet 10/325mg #90. The RFA for this case is dated 05/15/15, and the patient's date of injury is 02/04/03. The patient is status post multiple lumbar surgeries, as per progress report dated 05/21/15, and has been diagnosed with lumbar degenerative disc disease, chronic low back pain, bilateral lumbar radiculitis, and status post left tibial plateau fracture. Current medications include Percocet, Neurontin, Colace, Fentanyl patches and Duragesic patches. The patient's disability status has been determined as permanent and stationary. MTUS Chronic Pain Medical Treatment Guidelines, page 44, states: "Duragesic -fentanyl transdermal system- is not recommended as a first line therapy. Duragesic is a trade name of fentanyl transdermal therapeutic system which releases fentanyl, a potent opioid, slowly to the skin. For chronic opiate use, MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As -analgesia, ADLs, adverse side effects, and aberrant behavior-, as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief." In this case, a prescription for Percocet is first noted in progress report dated 08/26/14, and the patient has been using it consistently at least since then. In progress report dated 05/21/15, the treater states that the patch is "for management of his pain to facilitate his ability to perform activities of daily living". As per the same report, the patient experiences 50-60% reduction in pain due to medications with the intensity of pain decreasing from 8/10 to 4/10. He is able to stand or walk for approximately 30 minutes with medications and less than 15 minutes without them. The patient has signed an opioid contract and does not exhibit any aberrant behavior. Saliva studies conducted on 04/10/15 were consistent with medication use. Given the clear discussion regarding 4As, including analgesia, ADLs, aberrant behavior, and adverse side effects, the request for additional Percocet appears reasonable and is medically necessary.