MAXIMUS Federal Services

Case Number:	CM15-0117163		
Date Assigned:	06/26/2015	Date of Injury:	10/27/2008
Decision Date:	07/31/2015	UR Denial Date:	05/18/2015
Priority:	Standard	Application Received:	06/17/2015

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: Pennsylvania
Certification(s)/Specialty: Internal 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 33 year old male who sustained a work related injury on 10/27/08. The diagnoses have included lumbar postlaminectomy syndrome, status post lumbar fusion, sciatica, disorders of sacrum, major depression and neck pain. Treatments have included use of a four-point cane, spinal cord stimulator, oral medications, Fentanyl patches, completion of a functional restoration program, lumbar spine surgery, and lumbar epidural steroid injections. In the visit note dated 4/9/15, the injured worker complains of a significant flare-up of low back pain. He has sciatic pain. He usually rates his pain level a 6-7/10 but today it is a 10/10. He is having significant pain at the spinal cord stimulator generator site. He has trouble lying down. He has insomnia due to pain. He reports having depression, dizziness and fibromyalgia. He has tenderness to palpation over lower right side at generator site. Work status was noted as permanent and stationary with permanent disability. The treatment plan includes refills of medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Sennosides 8.6mg QTY: 120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 77. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) chronic pain chapter: opioid induced constipation treatment.

Decision rationale: The MTUS notes that when initiating therapy with opioids, prophylactic treatment of constipation should be initiated. Per the ODG, constipation occurs commonly in patients receiving opioids. If prescribing opioids has been determined to be appropriate, prophylactic treatment of constipation should be initiated. First line treatment includes increasing physical activity, maintaining appropriate hydration, and diet rich in fiber. Some laxatives may help to stimulate gastric motility, and other over the counter medications can help loosen otherwise hard stools, add bulk, and increase water content of the stool. If first line treatments are unsuccessful, second-line options include other medications for constipation. Although laxatives are indicated when opioids are prescribed, the opioids are not medically necessary in this case. The treating physician has not provided other reasons for laxatives so laxatives would not be medically necessary if opioids are not prescribed. As such, the request for sennosides is not medically necessary.

Fentanyl 100mcg/hr patch QTY: 15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list, Fentanyl transdermal Page(s): 93.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines Duragesic (fentanyl transdermal system), Opioids Page(s): 44, 74-96.

Decision rationale: Per CA MTUS guidelines, "Fentanyl is an opioid analgesic with a potency eighty times that of morphine." Fentanyl transdermal system is not recommended as a first-line therapy. It is slowly absorbed through the skin. "Indicated for management of persistent chronic pain, which is moderate to severe requiring continuous, around-the-clock opioid therapy. The pain cannot be managed by other means (e.g., NSAIDS)." It is recommended for short-term use for pain relief. It is undetermined how long he has been using the Fentanyl patches. The MTUS Chronic Pain Medical Treatment Guidelines indicate continued use of opioids requires 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. Ongoing management should reflect four domains of monitoring, including analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors. There is no documentation of decrease in pain levels or detailed pain assessment. There was no documentation of functional improvement. Work status was permanently disabled, and there was no discussion of improvement in specific activities of daily living as a result of use of fentanyl. The MTUS recommends urine drug screens for patients with poor pain control and to help manage patients at risk of abuse. There is no record of a urine drug screen program performed according to quality criteria in the MTUS and other guidelines. Therefore, the requested treatment of Fentanyl patches is not medically necessary.

Gabapentin 600mg #60 (ms) QTY: 120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 18 and 19.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin, Antiepilepsy drugs Page(s): 49, 16-22.

Decision rationale: Per CA MTUS guidelines, Gabapentin "is an anti-epilepsy drug (AEDs - also referred to as anti-convulsants), which 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." "A recent review has indicated that there is insufficient evidence to recommend for or against antiepileptic drugs for axial low back pain. (Chou, 2007)" It is recommended for use in patients with chronic neuropathic pain. There was no documentation of findings consistent with neuropathy for this injured worker. A "good" response to the use of antiepileptic drugs (AEDs) is defined as a 50% reduction in pain and a "moderate" response as a 30% reduction. Lack of at least a 30% response per the MTUS would warrant a switch to a different first line agent or combination therapy. After initiation of treatment, there should be documentation of pain relief with improvement in function, and documentation of any side effects, with continued use of AEDs dependent on improved outcomes versus tolerability of adverse effects. There was no documentation of at least a moderate reduction in pain. Work status was permanently disabled, and there was no discussion of improvement in specific activities of daily living as a result of use of Gabapentin. Because pain levels have not decreased and as there was lack of functional improvement, the requested treatment of Gabapentin is not medically necessary.