

Case Number:	CM15-0120760		
Date Assigned:	07/01/2015	Date of Injury:	10/18/2001
Decision Date:	08/26/2015	UR Denial Date:	06/15/2015
Priority:	Standard	Application Received:	06/22/2015

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 69-year-old female, who sustained an industrial injury on October 18, 2001. Treatment to date has included home exercise program, topical medications and oral pain medications. Currently, the injured worker complains of continued low back pain with radiation of pain into the bilateral lower extremities. She reports difficulty with sleeping. The injured worker reports that she has improvement in function with the use of Fentanyl and Norco and that her medications provided 80% decrease in the level of her pain. Her medications allow her to walk longer distances with less pain, perform self-care and light cooking. On physical examination the injured worker has normal muscle tone of the bilateral upper extremities and lower extremities. She has spasm and guarding of the lumbar spine. The diagnoses associated with the request include lumbar sprain/strain and sciatica. The treatment plan includes Docusate sodium for constipation, Fentanyl patch, hydrocodone-apap and Ketamine 5% cream. Her plan includes tapering of Norco with a decrease in one tablet per day for a maximum of four Norco tablets per day.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fentanyl 25mcg/hr patch, apply 1 every 72 hours Mylan brand only qty 10, 30 day supply:
Upheld

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

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 lower back pain radiating to bilateral lower extremities, along with sleeping difficulties due to left arm and left leg pain, as per progress report dated 05/01/15. The request is for FENTANYL 25 mcg/hr PATCH, APPLY 1 EVERY 72 HOURS MYLAN BRAND ONLY QTY 10, 30 DAY SUPPLY. There is no RFA for this case, and the patient's date of injury is 10/18/01. The patient is status post shoulder surgery, as per progress report dated 05/01/15, and has been diagnosed with lumbar sprain/strain and sciatica. Medications included Lidocaine ointment, Fentanyl patch, Pantoprazole, Docusate sodium, Orphenadrine, Hydrocodone, Lorazepam, Amlodipine, and Ketamine 5%. The patient's work status is permanent and stationary, as per the same report. 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 adverse 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 Fentanyl patch is first noted in progress report dated 02/18/15, and the patient has been using the medication consistently at least since then. As per report dated 05/01/15, medications lead to 80% reduction in pain "which allows her to walk longer distances with less pain, as well as to perform activities of daily living such as self care and light cooking with less pain." The patient's CURES report is consistent and she has signed an opioid contract, as per progress report dated 03/26/15. A UDS, dated 03/26/15, was also consistent, as per UR Appeal dated 07/15/15, after the UR denial date. In the appeal, the treater also states that "without medications she would not be able to get out of the bed" but with medications "she is able to perform activities of daily living better with less pain." Given the clear discussion regarding the 4As, including analgesia, ADLs, adverse side effects, and adverse behavior. Hence, the request is not medically necessary.

Ketamine 5% cream, 60gr, apply 3 times a day, qty 2: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

Decision rationale: The patient complains of lower back pain radiating to bilateral lower extremities, along with sleeping difficulties due to left arm and left leg pain, as per progress report dated 05/01/15. The request is for KETAMINE 5% CREAM, 60 gm; APPLY 3TIMES A DAY, QTY: 2. There is no RFA for this case, and the patient's date of injury is 10/18/01. The patient is status post shoulder surgery, as per progress report dated 05/01/15, and has been

diagnosed with lumbar sprain/strain and sciatica. Medications included Lidocaine ointment, Fentanyl patch, Pantoprazole, Docusate sodium, Orphenadrine, Hydrocodone, Lorazepam, Amlodipine, and Ketamine 5%. The patient's work status is permanent and stationary, as per the same report. Regarding topical analgesics, MTUS, page 111, states that if one of the compounded product is not recommended then the entire compound is not recommended. MTUS guidelines further states "Other agents: Topical ketamine has only been studied for use in non-controlled studies for CRPS I and post-herpetic neuralgia, and both studies showed encouraging results. Topical clonidine has published reports in animal studies only. Topical gabapentin has no published reports." In this case, a review of the available progress reports indicates that the patient has been using Ketamine cream at least since 02/18/15. In progress report dated 05/01/15, the treater states that the patient "uses topical Ketamine cream for neuropathic symptoms in her legs with benefit." MTUS, however, does not support the use of topical Ketamine due to lack of reliable and controlled studies. Hence, the request is not medically necessary.

Docusate sodium 100mg capsule, 1 table twice a day, qty 60, 30 day supply: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Prophylactic treatment of constipation.

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

Decision rationale: The patient complains of lower back pain radiating to bilateral lower extremities, along with sleeping difficulties due to left arm and left leg pain, as per progress report dated 05/01/15. The request is for DOCUSATE SODIUM 100 mg CAPSULE, 1 TABLET TWICE A DAY, QTY 60, 30 DAY SUPPLY. There is no RFA for this case, and the patient's date of injury is 10/18/01. The patient is status post shoulder surgery, as per progress report dated 05/01/15, and has been diagnosed with lumbar sprain/strain and sciatica. Medications included Lidocaine ointment, Fentanyl patch, Pantoprazole, Docusate sodium, Orphenadrine, Hydrocodone, Lorazepam, Amlodipine, and Ketamine 5%. The patient's work status is permanent and stationary, as per the same report. 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 Docusate for constipation at least since 02/18/15. The patient does take opioid medications such as Hydrocodone for pain relief. In UR denial appeal letter, dated 07/15/15, the treater states that the patient "reports some constipation with the use of medications and uses Docusate as needed to combat this." MTUS also supports prophylactic treatment of opioid-induced constipation. Hence, the request is reasonable and is medically necessary.

Hydrocdone-apap 10/325mg, 1 every 4-6 hours, NTE 5/day, qty 150, 30 day supply: Upheld

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

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 lower back pain radiating to bilateral lower extremities, along with sleeping difficulties due to left arm and left leg pain, as per progress report dated 05/01/15. The request is for HYDROCODONE APAP 10/325 mg, 1 EVERY 4-6 HOURS, NTE 5/DAY, QTY 150, 30 DAY SUPPLY. There is no RFA for this case, and the patient's date of injury is 10/18/01. The patient is status post shoulder surgery, as per progress report dated 05/01/15, and has been diagnosed with lumbar sprain/strain and sciatica. Medications included Lidocaine ointment, Fentanyl patch, Pantoprazole, Docusate sodium, Orphenadrine, Hydrocodone, Lorazepam, Amlodipine, and Ketamine 5%. The patient's work status is permanent and stationary, as per the same report. 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 adverse 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." Pages 80, 81 of MTUS also states, "There are virtually no studies of opioids for treatment of chronic lumbar root pain with resultant radiculopathy," and for chronic back pain, it "Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited." In this case, a prescription for Norco is first noted in progress report dated 02/18/15, and the patient has been using the medication consistently at least since then. As per report dated 05/01/15, medications lead to 80% reduction in pain which allows her to walk longer distances with less pain, as well as to perform activities of daily living such as self care and light cooking with less pain. The patient's CURES report is consistent and she has signed an opioid contract, as per progress report dated 03/26/15. A UDS, dated 03/26/15, was also consistent, as per UR Appeal dated 07/15/15, after the UR denial date. The patient is also planning to taper Norco slowly over time. In the appeal, the treater also states that "without medications she would not be able to get out of the bed..." but with medications "she is able to perform activities of daily living better with less pain." Given the clear discussion regarding the 4As, including analgesia, ADLs, adverse side effects, and adverse behavior. Hence, the request is not medically necessary.