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| Case Number: | CM15-0061450 | | |
| Date Assigned: | 04/07/2015 | Date of Injury: | 11/24/2004 |
| Decision Date: | 05/29/2015 | UR Denial Date: | 03/16/2015 |
| Priority: | Standard | Application Received: | 04/01/2015 |

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 62-year-old female, with a reported date of injury of 11/24/2004. The mechanism of injury was not provided. The diagnoses include headaches, chronic pain syndrome, low back pain, and idiopathic peripheral neuropathy. Treatments to date have included Neurontin, Duloxetine, Fentanyl, and hydrocodone/acetaminophen. Per the letter of 03/31/2015, the injured worker was utilizing hydrocodone up to a maximum of 80 mg per day and the medication helped the injured worker have a more active and functional life in retirement. The injured worker was weaning off the fentanyl patches and was requesting alternative treatment for the right hip and leg pain. The documentation indicated the medication dose was well below the pain management guideline of maximum of 120 mg of oral morphine equivalent dosing. The medical report dated 03/06/2015 indicates that the injured worker reported that the increase in Neurontin had improved her pain and neuropathy symptoms. The muscle spasm in the lumbar spine moderately reduced lumbar range of motion, and use of a cane. The treating physician requested Duloxetine with five refills, Neurontin with five refills, Fentanyl patches with two refills, Hydrocodone with two refills, and Estrace with three refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Duloxetine, 60mg, #60, with 5 refills: Upheld

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

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

Decision rationale: The 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 should be documentation of 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. There was a lack of dog indicating the injured worker had an objective decrease in pain and objective functional improvement including an assessment in the changes in the use of other analgesic medications and sleep quality and duration. The request as submitted failed to indicate the frequency for the requested medication. The rationale indicated the injured worker would be traveling and needed multiple refills. However, as the medication is not supported, the request for 5 refills is not supported. Given the above, the request for duloxetine 60 mg #60 with 5 refills is not medically necessary.

Neurontin 300mg, #180 with 5 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti epilepsy drugs (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepileptic Drugs Page(s): 16.

Decision rationale: The California MTUS Guidelines recommend antiepilepsy medications as a first line medication for treatment of neuropathic pain. There should be documentation of an objective decrease in pain of at least 30 % - 50% and objective functional improvement. The clinical documentation submitted for review failed to provide documentation of 30% to 50% pain relief with documentation of objective functional improvement. The request as submitted failed to indicate the frequency for the requested medication. The request for 5 refills would not be supported as the medication itself was not supported. Given the above, the request for Neurontin 300 mg #180 with 5 refills is not medically necessary.

Fentanyl, 100mcg/hr, #10 patches with 2 refills: 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, opioid dosing, ongoing management Page(s): 60,78,86.

Decision rationale: The California MTUS Guidelines recommend opiates for chronic pain. There should be documentation of an objective improvement in function, an objective decrease in pain, and evidence that the injured worker is being monitored for aberrant drug behavior and side effects. The cumulative dosing of all opiates should not exceed 120 mg oral morphine equivalents per day. Refills are not permitted per the DEA due to the drug's Schedule II classification. The daily morphine equivalent dosing of the cumulative medications would be 320 mg which exceeds the maximum recommendation for 120 mg of oral morphine equivalents per day. The documentation indicated the injured worker was weaning off of the fentanyl. However, at the time of the request, both fentanyl 100 mcg/hour and hydrocodone 10/325 mg were requested. The request as submitted failed to indicate the frequency for the requested medication. There was a lack of documentation to support nonadherence to DEA Guidelines regarding refills of schedule 2 medications. Given the above, the request for fentanyl 100 mcg/hour #10 patches with 2 refills is not medically necessary.

Hydrocodone 10/325mg, #240 with 2 refills: 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, opioid dosing, ongoing management Page(s): 60, 78, 86.

Decision rationale: The California MTUS Guidelines recommend opiates for chronic pain. There should be documentation of an objective improvement in function, an objective decrease in pain, and evidence that the injured worker is being monitored for aberrant drug behavior and side effects. The cumulative dosing of all opiates should not exceed 120 mg oral morphine equivalents per day. Refills are not permitted per the DEA due to the drug's Schedule II classification. The daily morphine equivalent dosing of the cumulative medications would be 320 mg, which exceeds the maximum recommendation for 120 mg of oral morphine equivalents per day. The documentation indicated the injured worker was weaning off of the fentanyl. However, at the time of the request, both fentanyl 100 mcg/hour and hydrocodone 10/325 mg were requested. The request as submitted failed to indicate the frequency for the requested medication. There was a lack of documentation to support nonadherence to DEA Guidelines regarding refills of schedule 2 medications. Given the above, the request for hydrocodone 10/325 mg #240 with 2 refills is not medically necessary.

Estrace 1mg, #90 with 3 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.drugs.com/search.php?searchterm=Estrace&a=1.

Decision rationale: Per Drugs.com, "Estrace is used to treat symptoms of menopause such as hot flashes, and vaginal dryness, burning, and irritation." The clinical documentation submitted

for review indicated the injured worker was postmenopausal. The efficacy of the medication was not provided. The request as submitted failed to indicate the frequency for the requested medication. As the medication was not supported, the request for 3 refills would not be supported. Given the above, the request for esterase 1 mg #90 with 3 refills is not medically necessary.