

Case Number:	CM15-0069278		
Date Assigned:	04/16/2015	Date of Injury:	06/26/2006
Decision Date:	05/15/2015	UR Denial Date:	03/24/2015
Priority:	Standard	Application Received:	04/13/2015

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: New Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 53 year old male, who sustained an industrial injury on 6/26/2006. Diagnoses have included lumbar sprain/strain, lumbar post-laminectomy syndrome, lumbar radiculopathy and chronic pain syndrome. Treatment to date has included magnetic resonance imaging (MRI), electromyography (EMG), physical therapy, chiropractic treatment, epidural steroid injection and acupuncture. According to the progress report dated 3/2/2015, the injured worker complained of pain to the lumbar spine radiating down the lower extremities, worse on the left, with numbness in the legs. The pain was rated 8/10 without medication and 4-5/10 with medication. Exam of the lumbar spine revealed decreased lumbar lordosis and tenderness to palpation. Range of motion of the lumbar spine was limited. Straight leg raising was positive. Authorization was requested for Fentanyl patches, Dilaudid and Paxil.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fentanyl patches 75mcg #10: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duragesic (fentanyl transdermal system) Page(s): 68.

Decision rationale: "Duragesic (fentanyl transdermal system). Not recommended as a first-line therapy. Duragesic is the trade name of a fentanyl transdermal therapeutic system, which releases fentanyl, a potent opioid, slowly through the skin. It is manufactured by [REDACTED] and marketed by [REDACTED] (both subsidiaries of [REDACTED]). The FDA-approved product labeling states that Duragesic is indicated in the management of chronic pain in patients who require continuous opioid analgesia for pain that cannot be managed by other means". In this case, the patient continued to have pain despite the use of high dose of opioids. There is no documentation of continuous monitoring of adverse reactions and of patient's compliance with her medication. In addition, there is no documentation that the patient developed tolerance to opioids or need continuous around the clock opioid administration. Therefore, the prescription of Fentanyl patches 75mcg #10 is not medically necessary.

Dilaudid 8mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 76-79.

Decision rationale: According to MTUS guidelines, Dilaudid is a short acting opioids is seen an effective medication to control pain. "Hydromorphone (Dilaudid; generic available): 2mg, 4mg, 8mg. Side Effects: Respiratory depression and apnea are of major concern. Patients may experience some circulatory depression, respiratory arrest, shock and cardiac arrest. The more common side effects are dizziness, sedation, nausea, vomiting, sweating, dry mouth and itching. (Product Information, Abbott Labs 2006) Analgesic dose: Usual starting dose is 2mg to 4mg PO every 4 to 6 hours. A gradual increase may be required, if tolerance develops". According to MTUS guidelines, ongoing use of opioids should follow specific rules: (a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy. (b) The lowest possible dose should be prescribed to improve pain and function. (c) Office: 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. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: 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 non adherent) 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. There is no clear evidence and documentation form the patient file, for a need for

more narcotic medications. There is no clear evidence of objective and recent functional and pain improvement with previous use of opioids. There is no evidence of pain breakthrough. There is no clear documentation of the efficacy/safety of previous use of opioids. Therefore, the prescription of Dilaudid 8mg #90 is not medically necessary.

Paxil 20mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SSRIs (selective serotonin reuptake inhibitors), page(s) Page(s): 107.

Decision rationale: According to MTUS guidelines, Paxil, a selective serotonin reuptake inhibitor is not recommended for chronic pain syndrome including chronic back pain: (SSRIs (selective serotonin reuptake inhibitors). Not recommended as a treatment for chronic pain, but SSRIs may have a role in treating secondary depression. Selective serotonin reuptake inhibitors (SSRIs), a class of antidepressants that inhibit serotonin reuptake without action on noradrenaline, are controversial based on controlled trials. It has been suggested that the main role of SSRIs may be in addressing psychological symptoms associated with chronic pain. More information is needed regarding the role of SSRIs and pain. SSRIs have not been shown to be effective for low back pain). There is no recent documentation that the patient is suffering from a depression secondary to his pain syndrome. There is no formal psychiatric evaluation supporting the continuous use of Paxil. There is no continuous documentation for the efficacy of the drug. There is no objective documentation to justify continuous use of Paxil. Therefore, the prescription of Paxil 20mg #30 is not medically necessary.