MAXIMUS Federal Services

Case Number:	CM14-0142142		
Date Assigned:	09/10/2014	Date of Injury:	08/16/2011
Decision Date:	10/06/2014	UR Denial Date:	08/05/2014
Priority:	Standard	Application Received:	09/02/2014

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

According to the records made available for review, this is a 45-year-old female with an 8/16/11 date of injury. At the time (6/24/14) of request for authorization for Retrospective for date of service 6/24/14 Norco 10/325mg #300, Retrospective for date of service 6/24/14 Duragesic patch 50mcg #30, and Retrospective for date of service 6/24/14 Ambien 5mg #60, there is documentation of subjective (ongoing neck, back, left shoulder, and bilateral knee pain) and objective (tenderness over cervical and lumbar paraspinal muscles, and crepitus to the knees bilaterally) findings, current diagnoses (neck pain, left shoulder pain, low back pain, and bilateral knee pain), and treatment to date (medications (including ongoing treatment with Norco since at least 6/25/12, Duragesic patch, and Ambien since at least 4/29/14)). Regarding Norco, there is no documentation the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects; and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Norco use to date. Regarding Duragesic patch, there is no documentation of persistent, moderate to severe chronic pain that requires continuous, around-the-clock opioid administration for an extended period of time, and cannot be managed by other means; that the patient has demonstrated opioid tolerance, and requires a total daily dose at least equivalent to Duragesic 25 mcg/h; and no contraindications exist; and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Duragesic patch use to date. Regarding Ambien, there is no documentation of insomnia and the intention to treat over a short course (less than two to six weeks).

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective for date of service 6/24/14 Norco 10/325mg #300: Upheld

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 Opioids Page(s): 74-80.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines necessitate documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of opioids. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of neck pain, left shoulder pain, low back pain, and bilateral knee pain. In addition, there is documentation of ongoing treatment with Norco. However, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In addition, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Norco use to date. Therefore, based on guidelines and a review of the evidence, the request for Retrospective for date of service 6/24/14 Norco 10/325 mg #300 is not medically necessary.

Retrospective for date of service 6/24/14 Duragesic patch 50mcg #30: Upheld

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

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

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of chronic pain in patients who require continuous opioid analgesia for pain that cannot be managed by other means, as criteria necessary to support the medical necessity of Duragesic. MTUS Chronic Pain Medical Treatment Guidelines identifies that Duragesic in not recommended as first-line therapy. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG identifies documentation that Duragesic is not for use in routine musculoskeletal pain. FDA identifies documentation of persistent, moderate to severe chronic

pain that requires continuous, around-the-clock opioid administration for an extended period of time, and cannot be managed by other means; that the patient is already receiving opioid therapy, has demonstrated opioid tolerance, and requires a total daily dose at least equivalent to Duragesic 25 mcg/h; and no contraindications exist, as criteria necessary to support the medical necessity of Duragesic patch. Within the medical information available for review, there is documentation of diagnoses of neck pain, left shoulder pain, low back pain, and bilateral knee pain. In addition, there is documentation of ongoing treatment with Duragesic patch, that Duragesic patch is not used as first-line therapy, and the patient is already receiving opioid therapy. However, despite documentation of pain and ongoing treatment with opioids, there is no documentation of persistent, moderate to severe chronic pain that requires continuous, around-the-clock opioid administration for an extended period of time, and cannot be managed by other means; that the patient has demonstrated opioid tolerance, and requires a total daily dose at least equivalent to Duragesic 25 mcg/h; and no contraindications exist. In addition, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Duragesic patch use to date. Therefore, based on guidelines and a review of the evidence, the request Retrospective for date of service 6/24/14 Duragesic patch 50mcg #30 is not medically necessary.

Retrospective for date of service 6/24/14 Ambien 5 mg, #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Work Loss Data Institute, ODG Treatment in Workers Compensation, 5th edition, Pain (chronic)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Zolpidem

Decision rationale: MTUS does not address this issue. ODG identifies Ambien (Zolpidem) as a prescription short-acting nonbenzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia. Within the medical information available for review, there is documentation of diagnoses of neck pain, left shoulder pain, low back pain, and bilateral knee pain. However, there is no documentation of insomnia. In addition, given documentation of records reflecting prescriptions for Ambien since at least 4/29/14, there is no documentation of the intention to treat over a short course (less than two to six weeks).Therefore, based on guidelines and a review of the evidence, the request Retrospective for date of service 6/24/14 Ambien 5 mg, #60 is not medically necessary.