

Case Number:	CM14-0142522		
Date Assigned:	09/12/2014	Date of Injury:	02/22/2010
Decision Date:	10/06/2014	UR Denial Date:	08/18/2014
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 Occupational Medicine 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:

The injured worker is a female with date of injury 2/22/2010. Per pain management progress report dated 7/31/2014, the injured worker has ongoing right shoulder pain which is referred into the right arm toward the forearm. She reports the medication is not authorized at times and she will have increased pain and go into withdrawal symptoms. The medication improves her pain by approximately 50%. On examination right shoulder range of motion is reduced with abduction at 160 degrees, adduction at 45 degrees, flexion at 45 degrees, extension at 60 degrees, internal rotation at 30 degrees, and external rotation at 45 degrees. Right shoulder impingement sign and Hawkins test are positive. Reflexes in the upper extremities are 2+; motor examination is 5/5 throughout except grip strength is decreased. There was decreased sensation in the ulnar nerve distribution. There is tenderness to palpation over the anterior and lateral aspect of the right shoulder. There is no swelling, ecchymosis or discoloration. Diagnoses include 1) right shoulder pain 2) status post right shoulder arthroscopy 3) status post left shoulder arthroscopy 4) ulnar neuropathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Duragesic 50 mcg, QTY: 10 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duragesic (Fentanyl Transdermal System).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids section, Weaning of Medications section Page(s): 74-95, 124.

Decision rationale: The MTUS Guidelines do not recommend the use of Duragesic patch 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. 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. The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. They do provide guidance on the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. The requesting physician explains that the injured worker is doing well with the current medications and does not experience side effects. She also has improvement in pain and functional status with the use Fentanyl patch. The claims administrator reports that utilization review on 6/17/2014 partially certified a request for Fentanyl patch to allow opportunity for submission of medication compliance including current urine drug test, risk assessment profile, attempt at weaning or tapering, and an updated and signed pain contract between the provider and the claimant and ongoing efficacy. The current medical reports that pain and functional status is improved, but this is not well described and is not evident by review of serial examinations. Medical necessity for this request has not been established. It is not recommended to discontinue opioid treatment abruptly, as weaning of medications is necessary to avoid withdrawal symptoms when opioids have been used chronically. This request however is not for a weaning treatment, but to maintain treatment. The request for Duragesic 50 mcg, QTY: 10 with 2 refills is not medically necessary.

Norco 10/325 mg, QTY: 120 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 Opioids section, Weaning of Medications section Page(s): 74-95, 124.

Decision rationale: The MTUS guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. They do provide guidance on the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. The medical reports minimal pain improvement with the use of opioids, and do not indicate that function has improved as a result of the use of opioids. The requesting physician explains that the injured worker is doing well with the current medications and does not experience side effects. The claims administrator reports that utilization review on 6/17/2014 partially certified a request for Norco to allow opportunity for submission of medication compliance including current urine drug test, risk assessment profile, attempt at weaning or tapering, and an updated and signed pain contract between the provider and the claimant and ongoing efficacy. Efficacy of the medication is not well described by functional improvement, reduction in pain, and improvement to quality of life. Review of serial examinations does not indicate any improvement in function. Medical necessity of this

request has not been established. It is not recommended to discontinue opioid treatment abruptly, as weaning of medications is necessary to avoid withdrawal symptoms when opioids have been used chronically. This request however is not for a weaning treatment, but to maintain treatment. The request for Norco 10/325 mg, QTY: 120 with 2 refills is not medically necessary.

Lyrcia 50 mg, QTY: 90, with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy Drugs (AEDS).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy Drugs (AEDs) Page(s): 16-20.

Decision rationale: The MTUS Guidelines support the use of Lyrica for the treatment of diabetic neuropathy and postherpetic neuralgia. Antiepileptic drugs are recommended for the treatment of neuropathic pain. The injured worker does not appear to have neuropathic pain based on the clinical reports, and there is not sufficient reasoning provided by the requesting provider on why Lyrica should be considered necessary. The injured worker has been on this medication for substantial time without documentation of the benefit received from it. The guidelines define a good response as a 50% reduction in pain and a moderate response as a 30% reduction. Antiepilepsy drugs are also recommended if they are successful in reducing the use of opioid pain medications, which has not been documented. The requesting physician explains that the injured worker is doing well with the current medications and does not experience side effects. The claims administrator reports that utilization review on 6/17/2014 certified a request for Lyrica with warning that if subsequent review lacks ongoing efficacy then this medication should be titrated downward to complete discontinuation. Lyrica should not be discontinued abruptly, and that weaning should occur over a one-week period. This request is not for a weaning dose however. The request for Lyrica 50 mg, QTY: 90, with 2 refills is not medically necessary.

Colace 25 mg, QTY: 60, with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment in Workers Compensation (TWC), Pain Procedure Summary, Opioid Induced Constipation

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use Page(s): 77. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Opioid-Induced Constipation Treatment section

Decision rationale: The MTUS Guidelines recommends the prophylactic treatment of constipation when initiating opioid therapy. The ODG states that first line treatment for opioid induced constipation includes laxatives to help stimulate gastric motility, as well as other medications to help loosen hard stools, add bulk, and increase water content of the stool. The claims administrator reports that utilization review on 6/17/2014 certified a request for Colace

with warning that additional certification will require evidence of risk for constipation and/or specific documentation of constipation or this medication will be discontinued on subsequent review. The injured worker is noted to be treated with opioid medications, but reports are that there are no side effects from medications. Bowel function is not addressed specifically, and there is no complaint of constipation. Medical necessity of this request has not been established. The request for Colace 25 mg, QTY: 60, with 2 refills is not medically necessary.

Random urine drug screen: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment in Workers Compensation (TWC), Pain Procedure Summary, Urine Drug Testing (UDT)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing, Opioids Criteria for Use section Page(s): 43, 112.

Decision rationale: The use of urine drug screening is recommended by the MTUS Guidelines, in particular when patients are being prescribed opioid pain medications and there are concerns of abuse, addiction, or poor pain control. Requests for urine drug screen have been certified previously, but there remains no assessment of aberrant drug behavior to include interpretation of urine drug screen results. Medical necessity for additional urine drug screen has not been established. The request for a random urine drug screen is not medically necessary.