

Case Number:	CM14-0151385		
Date Assigned:	09/24/2014	Date of Injury:	01/06/1999
Decision Date:	11/06/2014	UR Denial Date:	08/29/2014
Priority:	Standard	Application Received:	09/17/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 patient is a 76-year-old female who has submitted a claim for lumbar post-laminectomy syndrome associated with an industrial injury date of January 6, 1999. Medical records from 2012 through 2014 were reviewed, which showed that the patient complained of radicular pain and muscle spasm in neck, shoulder and upper extremity. Examination of the lumbar spine revealed restricted range of motion (ROM) in all planes, muscle guarding, motor strength of 5/5 and 4/5 on the left and right lower extremity respectively, normal sensation to light touch, pinprick and temperature of the left lower extremity and decreased on the right to all along L4, 5, S1, deep tendon reflexes (DTRs) of 0-1+ on bilateral knees and ankles and positive straight leg raise (SLR) bilaterally for radicular s/s at 30 degrees. Treatment to date since April 2014 has included Gabapentin, Fentanyl and Dilaudid. Utilization review from August 29, 2014 denied the request for Gabapentin, Fentanyl patch film extended release and Dilaudid.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin: 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 9792.24.2, ANTI-EPILEPSY DRUGS Page(s): 16-17.

Decision rationale: As stated on pages 16 - 17 of CA MTUS Chronic Pain Medical Treatment Guidelines, antidepressants, such as pregabalin and gabapentin, are recommended as a first line option for neuropathic pain, i.e., painful polyneuropathy. In this case, the patient complained of radicular pain and muscle spasm in neck, shoulder and upper extremity with positive SLR bilaterally, decreased motor strength and sensation of the right lower extremity, and depressed DTRs bilaterally. She had been on gabapentin since at least April 2014. However, there has been no report of any objective benefit derived from the use of the medication. Furthermore, the current request does not indicate the formulation, dosage and quantity of gabapentin being prescribed. Therefore, the request for gabapentin is not medically necessary.

Fentanyl patch film extended release: 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 Page(s): 78.

Decision rationale: As stated on page 78 of CA MTUS Chronic Pain Medical Treatment Guidelines, there are 4 A's for ongoing monitoring of opioid use: pain relief, side effects, physical and psychosocial functioning and the occurrence of any potentially aberrant drug-related behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, the patient has been on Fentanyl since at least April 2014. There is no record to indicate an objective improvement in the patient secondary to this drug in terms of pain reduction and improvement in functionality. Also, there is neither a documentation of a plan to taper the medication nor evidence of a trial to use the lowest possible dose. Side effects were not adequately explored. There is no recent urine drug screen that would provide insight regarding the patient's compliance to the prescribed medication. The medical necessity for continued use is not established because the guideline criteria are not met. The request also failed to mention the number of patches being requested. Therefore, the request for Fentanyl patch film extended release: is not medically necessary.

Dilaudid: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use for a therapeutic trial of opioids; Opioids for c.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 78-81.

Decision rationale: As stated on page 78 of CA MTUS Chronic Pain Medical Treatment Guidelines, there are 4 A's for ongoing monitoring of opioid use: pain relief, side effects, physical and psychosocial functioning and the occurrence of any potentially aberrant drug-related behaviors. The monitoring of these outcomes over time should affect therapeutic

decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, the patient has been on Dilaudid since at least April 2014. There is no record to indicate an objective improvement in the patient secondary to this drug in terms of pain reduction and improvement in functionality. Also, there is neither a documentation of a plan to taper the medication nor evidence of a trial to use the lowest possible dose. Side effects were not adequately explored. There is no recent urine drug screen that would provide insight regarding the patient's compliance to the prescribed medication. The medical necessity for continued use is not established because the guideline criteria are not met. The request also failed to mention the dosage and number of pills being requested. Therefore, the request for Dilaudid is not medically necessary.