

Case Number:	CM13-0002887		
Date Assigned:	12/11/2013	Date of Injury:	10/01/1999
Decision Date:	01/16/2014	UR Denial Date:	07/16/2013
Priority:	Standard	Application Received:	07/24/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Pain Management has a subspecialty in Disability Evaluation 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 physician 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:

Per medical records reviewed, on November 17, 2005, patient had been working on a Mezzanine where the wood wall was taken down. While moving his ladder backwards, he tripped over the pile of wood and fell directly onto the wood, landing on his back. While falling, he twisted and turned his body attempting to catch his fall with his bilateral upper extremities, but was unsuccessful, resulting in immediate pain to his lower back area. Per records, patient continued working with ongoing pain and symptoms to his cervical and lumbar spine. Patient began treatment with [REDACTED], Chiropractor, and received approximately 16 visits with minimal improvement reported. Patient was then seen by orthopedic, [REDACTED] who recommended physical therapy. An MRI of the lumbar spine revealed lumbar spine stenosis. Patient was seen by orthopedic surgeon, [REDACTED] who recommended surgery for lumbar spinal decompression and fusion which was declined by patient. Patient continued working with restrictions. As a result of continuing pain to the lumbar spine, he was referred for pain management with [REDACTED] and received a series of three of three epidural steroid injections from September 2008 to April 2010.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 screening evaluation for admission to multidisciplinary pain program: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 31-32.

Decision rationale: CA-MTUS (Effective July 18 2009), page 31 to 32 criteria for the general use of multidisciplinary pain management programs: Outpatient pain rehabilitation programs may be considered medically necessary when all of the following criteria are met: (1) An adequate and thorough evaluation has been made, including baseline functional testing so follow-up with the same test can note functional improvement; (2) Previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement; (3) The patient has a significant loss of ability to function independently resulting from the chronic pain; (4) The patient is not a candidate where surgery or other treatments would clearly be warranted (if a goal of treatment is to prevent or avoid controversial or optional surgery, a trial of 10 visits may be implemented to assess whether surgery may be avoided); (5) The patient exhibits motivation to change, and is willing to forgo secondary gains, including disability payments to effect this change; & (6) Negative predictors of success above have been addressed. Based on the medical records reviewed, it does not appear that all the above listed criteria are met.

1 prescription of Duragesic 62mg #10: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duragesic.

Decision rationale: CA-MTUS (Effective July 18 2009), page 44 and 47 states that Duragesic[®] (fentanyl transdermal system) is 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 ALZA Corporation and marketed by Janssen Pharmaceutica (both subsidiaries of Johnson & Johnson). 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. Fentanyl is an opioid analgesic with a potency eighty times that of morphine. Weaker opioids are less likely to produce adverse effects than stronger opioids such as fentanyl. This patient continues to be in pain despite various pain management regimen. A short course of long acting opioid is medically necessary.

1 prescription of Norco 10/325mg: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids therapy Page(s): 76-77.

Decision rationale: MTUS (July 18, 2009) Chronic Pain Medical Treatment Guidelines Norco (hydrocodone (is a semi-synthetic opioid which is considered the most potent oral opioid) and Acetamenophen) is Indicated for moderate to moderately severe pain. The results of studies of opioids for musculoskeletal conditions (as opposed to cancer pain) generally recommend short use of opioids for severe cases, not to exceed 2 weeks, and do not support chronic use (MTUS page 82). Even though the quantity of Norco 10/325 requested was not documented, this reviewer consider the prescription for Norco to be medically necessary for the management of the patient's painful condition following the applicable guidelines..

1 prescription of Sonata 10mg: Overturned

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 Medline Plus, a web based offering of the National Library of Medicine and National Institute of Health.

Decision rationale: CA-MTUS is mute on Sonata also known as Zaleplon (Sleeping piil) therapy for insomnia. According to Medline Plus, Zaleplon is used to treat insomnia (difficulty falling asleep or staying asleep) and it belongs to a class of medications called sedative-hypnotics. It works by slowing activity in the brain to allow sleep. Sonata should normally be taken for short periods of time (less than two weeks). Zaleplon can be habit-forming. If Sonata is taken for 2 weeks or longer, it may not help a patient sleep as well as it did when the patient first began to take the medication. Therefore Zolpidem 10mg one q8hrs #30 is not medically necessary. This patient has been on sonata for over 5 weeks therefore not medically necessary since the guideline stipulated less than two weeks.