

Case Number:	CM13-0008846		
Date Assigned:	12/18/2013	Date of Injury:	10/06/2004
Decision Date:	02/12/2014	UR Denial Date:	07/15/2013
Priority:	Standard	Application Received:	08/08/2013

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 Neurology, has a subspecialty in Neuromuscular 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 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:

██████████ is a 59 year old woman who sustained a work related injury on October 5 2004. She underwent a cervical spinal fusion and subsequently developed chronic neck pain 0-2/10. According to the note dated on July 2 2013, her physical examination showed reduced cervical spine range of motion with paraspinal tenderness. He was treated with Duralgesic, Norco, Lyrica and Flexeril.

IMR ISSUES, DECISIONS AND RATIONALES

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

180 tablets of Hydrocodone/APAP 10mg/325mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 179.

Decision rationale: There is no clear documentation of patient improvement in level of function, quality of life, adequate follow up for absence of side effects and aberrant behavior with a previous use of narcotics. There no clear rational for the use of the medication with the patient pain intensity 0-2/10. There is no clear plan to taper the drug or to check urine drug screen for

patient compliance. Therefore, the request for 180 tablets of Hydrocodone/APAP 10mg/325mg is not medically necessary until more information about the patient is available.

10 Fentanyl DIS patches 25mcg/hr.: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

Decision rationale: According to MTUS, in Chronic Pain Medical Treatment guidelines section Topical Analgesics (page 111), topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. There is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. There is no documentation of failure of oral medications to control the pain (pain intensity was 0 to 2/10) Therefore, topical analgesic 10 Fentanyl DIS Patches 25 mcg/hr is not medically necessary.