

Case Number:	CM13-0016383		
Date Assigned:	11/06/2013	Date of Injury:	04/25/2005
Decision Date:	01/14/2014	UR Denial Date:	08/14/2013
Priority:	Standard	Application Received:	08/26/2013

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 Anesthesiology, has a subspecialty in Pain 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:

The patient is a 47year old injured worker who has a date of injury of April 25, 2005. The patient has been diagnosed with post laminectomy syndrome, and injury to lumbosacral plexus. CT scan and MRI have been performed; the MRI found mild disc bulging stenosis, and straightening of normal lordotic curvature. The patient underwent epidural steroid injection, treatment with medications, and is working full time.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Methadone 10mg, quantity 90: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Fentora Page(s): 47.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines has a detailed list of recommendations for initiation and continuation of opioids in the context of efficacy required to substantiate medical necessity, and these recommendations have been addressed by the treating physician in the documentation available for review. There is documentation of multiple appropriate UDSs, and that the prescribing physician is a pain specialist. The injured worker has

failed surgery, has objective findings on MRI supporting the diagnosis of neuropathic pain, and documents show that the "4 A's" are appropriate. The medical records provided for review indicates that the employee continues to work full time, medication therapy enables them to remain active, and is not sedated. Clinical documentation indicates that there is evidence of functional improvement. The request for 1 prescription of Methadone 10mg, quantity 90 is medically necessary and appropriate.

1 prescription of Fentora 600 mg, quantity 56: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Methadone Page(s): 61.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines states, "Not recommended for musculoskeletal pain. Fentora is an opioid painkiller currently approved for the treatment of breakthrough pain in certain cancer patients" Additionally, federal legislation (REMS program) has denoted use of fentanyl rapid onset medications and is to be used for cancer pain only. The medical records provided for review does not indicate that the employee has been diagnosed with cancer pain. The request for 1 prescription of Fentora 600 mg, quantity 56 is not medically necessary and appropriate.

1 prescription of Oxycodone 20mg, quantity 120: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opiates Page(s): 8.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines has a detailed list of recommendations for initiation and continuation of opioids in the context of efficacy required to substantiate medical necessity, and these recommendations have been addressed by the treating physician in the documentation available for review. The medical records provided for review indicates that the employee has failed surgery, and has objective findings on the MRI supporting the diagnosis of neuropathic pain. Additionally, the medical records documents that the "4 A's" are appropriate, that the patient continues to work full time, and is not sedated. Additionally, clinical documentation indicates evidence of functional improvement. The request for 1 prescription of Oxycodone 20mg, quantity 120 is medically necessary and appropriate.

1 prescription of Fortesta 20 percent, 2 pumps, 1 bottle: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hypogonadism Page(s): 110.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state, "Recommended in limited circumstances for patients taking high-dose long-term opioids with documented low testosterone levels." It is noted in the medical records that the employee suffers from SX of testosterone deficiency, such as depression, reduced libido, and erectile dysfunction. The medical record provided for review did not document a low testosterone level. The request for 1 prescription of Fortesta 20 percent, 2 pumps, 1 bottle, are not medically necessary and appropriate.

1 lumbar brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

Decision rationale: The ACOEM Guidelines supports the use of lumbar braces in the acute phase of symptom relief. In this case, however, the employee was injured in April of 2005 and is far beyond the acute phase. The ACOEM Guidelines further states that lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. The request for 1 lumbar brace is not medically necessary and appropriate.