

Case Number:	CM13-0029559		
Date Assigned:	11/01/2013	Date of Injury:	07/12/2002
Decision Date:	01/27/2014	UR Denial Date:	09/26/2013
Priority:	Standard	Application Received:	09/26/2013

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 Physical Medicine & Rehabilitation, and is licensed to practice in New York and Texas. 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 46-year-old male who reported a back injury on 07/13/2012 while moving some furniture at work. The patient was diagnosed as having a spinal/lumbar degenerative disc disease and lumbar radiculopathy. He has been treated using oral medications and also underwent a transforaminal bilateral lumbar epidural steroid injection using fluoroscopy at the L3 level with a total of 2 levels performed on 07/23/2013. According to the documentation provided for review, the patient has been using the medications Soma, Lidoderm, Relafen, Neurontin, Lunesta, Duragesic and Norco since roughly 06/07/2012. The most recent clinical information provided for review is dated 09/04/2013, which notes that the patient is still taking the same medications but continues to complain of pain that radiates from the low back down to both legs. Overall, he has not reported any change in location of the pain. However, it does state that the pain level increased since his last visit, dated 08/01/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Duragesic 75 mcg/hr patch, one patch to the skin q2days #15 ref x1: Upheld

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

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

Decision rationale: The Physician Reviewer's decision rationale: Regarding the request for a Duragesic 75 mcg/hr patch 1 patch to the skin every 2 days with a total of 15 and a refill of 1, according to the California Medical Treatment Utilization Schedule (MTUS) Guidelines, Duragesic is not recommended as a first-line therapy. Duragesic is also the trade name of a Fentanyl transdermal therapeutic system which releases Fentanyl, a potent opioid, slowly through the skin. 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. Under the California Medical Treatment Utilization Schedule (MTUS) headline "Tolerance and Addiction," it states that opioid tolerance develops with the repeated use of opioids and brings about the need to increase the dose and may lead to sensitization. It has also become apparent that analgesia is not always sustained over time and that pain may be improved with the weaning of opioids. As stated in the documentation dated 08/01/2013, the patient received an 80% pain decrease with the use of his epidural steroid injections. However, throughout the documentation, there is little to no objective information indicating the efficacy of the patient's oral medication. Therefore, in regards to both the lack of sufficient objective information as well as the non-recommendation by the California Medical Treatment Utilization Schedule (MTUS) for the use of Duragesic, the requested service is not considered medically necessary and is non-certified.

Norco 10-325 mg take one qid prn #120 ref x1: Upheld

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

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

Decision rationale: Regarding the second request for Norco 10/325 mg, according to the California Medical Treatment Utilization Schedule (MTUS) Guidelines, for the long-term use of opioids without the indication of positive efficacy with the use of the medication, the decision to start weaning the patient from the medication is recommended. As noted in the documentation, the patient has been utilizing Norco for at least a year and a half; and as stated on the most recent clinical note, the patient has had an increase in pain, which would indicate that his oral medications are having no effect on his pain relief. Therefore, without objective information provided in the clinicals reviewed indicating that the patient is having any positive effect from the use of his Norco, the requested service is not considered medically necessary and is non-certified.

Soma 350 mg take one qid prn #90 ref x1: Upheld

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

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

Decision rationale: Regarding the third request for Soma 350 mg, according to the California Medical Treatment Utilization Schedule (MTUS) Guidelines, carisoprodol is not recommended for long-term use. It has been suggested that the main effect is due to generalized sedation and

the treatment of anxiety, and abuse has been noted for its sedative and relaxant effects. In regular abusers, the main concern is the accumulation of meprobamate. Carisoprodol abuse has been noted in order to augment or alter the effects of other drugs to include increasing the sedation of benzodiazepines or alcohol; and, as was noted in the documentation, the patient does utilize alcohol from time to time. Furthermore, in the documentation dated 09/04/2013, the patient was noted to have an increase in pain, and this would indicate that his oral medications are having no effect on reducing his pain. Therefore, with no objective information providing a positive effect from the use of Soma, as well as the non-recommendation, per the California Medical Treatment Utilization Schedule (MTUS) Guidelines, of carisoprodol, the requested service is non-certified.

Lunesta 3 mg take one qhs prn #30 ref x 1: 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)

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

Decision rationale: Regarding the last request for Lunesta 3 mg, according to the California Medical Treatment Utilization Schedule (MTUS) Guidelines, the use of Benzodiazepines is not recommended for long-term use. Most guidelines limit the use to 4 weeks, as their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant and muscle relaxant. Furthermore, it states that tolerance to hypnotic effects develops rapidly. The California (MTUS) also states that tolerance to anxiolytic effects occurs within months, and long-term use may actually increase anxiety. The documentation states that the patient has been using this medication since at least 06/07/2012; and on his most recent clinical documentation, it is noted that the patient's pain level had actually increased, and his quality of sleep was poor. This information indicates that the medication is no longer effective for this patient. Therefore, the request for Lunesta 3 mg is not considered medically necessary. As such, the requested service is non-certified.